SHROPSHIRE EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

Principal School Medical Officer

1962

COUNTY HEALTH OFFICE, COLLEGE HILL, SHREWSBURY

November, 1963

INDEX

To: The Chairman
and Members of the Shropshire Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting the Annual Report on the School Health Service for the year 1962.

Once again I have tried to make the body of the report as detailed and I hope as interesting as possible.

The excellent relationship between the consultant staff of the hospitals, the family doctors and the Health Department has helped us greatly in our work and undoubtedly has resulted in a better service to the public.

Co-operation too between the Health and Education Departments is excellent at all levels and I am sure all the staff give of their best to the people of Shropshire.

I am grateful to my staff and that of the Education Department for their good work and to the Chairman and Members of the Education (Welfare) Sub-Committee for their support and consideration.

I have the honour to be,

Your obedient Servant,

T. S. HALL,

PRINCIPAL SCHOOL MEDICAL OFFICER.

COUNTY HEALTH OFFICE,
COLLEGE HILL, SHREWSBURY
(Tel. No. 52211)

November, 1963.

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(As at December, 1962)

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WILLIAMS, E. L.
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THOMAS, E. B.
WILLIAMS, E. L.
Vacancy

MEDICAL, DENTAL AND ANCILLARY STAFF

Principal School Medical Officer:

THOMAS S. HALL, M.B.E., T.D., M.D., B.Ch., B.Sc., D.Obst.R.C.O.G., D.P.H.

Deputy Principal School Medical Officer:

*WILLIAM HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.

Senior Medical Officer:

NORA V. CROWLEY, M.B., B.Ch., B.A.O., D.C.H., L.M.

Administrative Medical Officer:

ALICE N. O'BRIEN, M.B., Ch.B.

School Medical Officers:

KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H. (part-time)

AGNES D. BARKER, M.B., Ch.B.

*ELIZABETH CAPPER, M.B., Ch.B., D.P.H.

ANTHONY G. H. CLAY, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.
(appointed 10th September, 1962). (resigned 31st October, 1962)

*CLEMENT BAXTER HIGGIE, M.R.C.S., L.R.C.P., D.P.H.

KENNETH E. JONES, M.B., Ch.B.

FLORA MACDONALD, M.B., B.S., D.P.H.

*ALASTAIR COLIN MACKENZIE, M.D., Ch.B., D.P.H.

LUDWIK Z. MARCZEWSKI, Medical Diploma (Lwow, Poland)

*PHILIP CONWAY MOORE, B.Sc., M.B., D.Obst.R.C.O.G., D.P.H. (resigned 30th June, 1962)

*WILLIAM MOORE, M.B., B.Ch., B.A.O., D.R.C.O.G., D.T.M.H., D.P.H. (appointed 19th November, 1962)

ELIZABETH R. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S. (part-time)

*MARGARET H. F. TURNBULL, M.B., Ch.B., D.P.H.

Principal Dental Officer:

CHARLES D. CLARKE, L.D.S.

School Dental Officers:

Whole-time:

PAUL H. BRITTEN, L.D.S. (resigned 23rd July, 1962)

NOEL GLEAVE, L.D.S.

PETER HOWE, L.D.S. (appointed 12th November, 1962)

SUSAN HUGHES, B.D.S., L.D.S. (appointed 29th August, 1962)

GEOFFREY H. STOUT, L.D.S. (resigned 31st August, 1962)

GEORGE B. WESTWATER, L.D.S.

NORMAN WHITEHOUSE, B.Ch.D., L.D.S. (appointed 29th October, 1962)

Part-time:

PAUL H. BRITTEN, L.D.S. (appointed 23rd July, 1962; resigned 30th September, 1962)

JOHN BULLOCK, B.D.S., L.D.S. (appointed 8th November, 1962)

ROY DENVILLE JONES, L.D.S., R.F.P.S.

REGINALD H. N. OSMOND, L.D.S.

JEAN W. PATTISON, L.D.S.

*Also District Medical Officer of Health

Consultant Orthodontists (part-time):
BRIAN T. BROADBENT, F.D.S.
MICHAEL F. SCOTT, L.D.S.

Dental Technicians:
NORMAN J. RUSHWORTH
CLIVE EVERINGHAM (apprentice)

Dental Hygienist:
NANCY SMITH

Consultant Children's Psychiatrist (part-time):
BARBARA J. EVANS, M.D. (New York), B.S., L.R.C.P., M.R.C.S., D.P.M.

Educational Psychologists:
JOHN L. GREEN, B.A.
MARGARET THOMPSON, B.A.

Psychiatric Social Worker:
KATHLEEN E. HUNT, B.A.

Senior Speech Therapist:
EDWARD PAULETT, L.C.S.T.

Speech Therapists:
HELEN M. ALDRIDGE, L.C.S.T. (part-time) (appointed 17th January, 1962)
JILL BELLIS, L.C.S.T.
SHIENA M. BOWEN, L.C.S.T. (part-time) (appointed 3rd May, 1962) (resigned 20th December, 1962)
CHRISTINE BROWNLOW, L.C.S.T.
JENNIFER HUGHES, L.C.S.T. (appointed 22nd October, 1962)
ANITA LEESON, L.C.S.T. (resigned 31st October, 1962)

Consultant Chest Physician (part-time):
ARTHUR T. M. MYRES, B.A., B.M., B.Ch., M.R.C.P., M.R.C.S., L.R.C.P.

Report for the year 1962

GENERAL

The area covered by the Local Education Authority comprises 861,800 acres; and in June, 1962, the home population, as estimated by the Registrar-General, was 306,150, an increase of 4,230 compared with 1961.

The number of pupils on the school register in 1962 was 46,723, compared with 46,963 in the previous year—a decrease of 240.

At the end of the year, there were in the County of Salop, including the Borough of Shrewsbury, the following schools:

Non-Residential:	*Schools*	*Departments*	*Pupils on Register*
Nursery	3	3	127
Primary (County)	79	79	14,019
Primary (Voluntary)	166	166	13,276
Secondary Modern (County)	28	28	11,704
Secondary Modern (Voluntary)	1	1	486
Secondary Grammar (County)	12	12	4,875
Secondary Grammar (Voluntary)	5	5	1,393
Secondary Technical	1	1	473
Residential:			
Secondary	1	1	109
Special	3	3	177
Hospital	1	1	84
TOTAL	300	300	46,723

The table below shows the establishment of principal posts in the School Health Service and the staffing position at 31st December, 1962:

	Establishment	*Staff at 31st Dec., 1962*
Principal School Medical Officer	1	1
Deputy Principal School Medical Officer	1	1
Senior Medical Officer	1	1
Administrative Medical Officer	1	1
School Medical Officers—whole-time	11	3
—part-time		8
Principal School Dental Officer	1	1
Dental Officers—whole-time	10	5
—part-time		5
Dental Auxiliaries	2	—
Orthodontist—whole-time	1	—
—part-time		2
Dental Hygienist	1 4/11	1
Dental Technician	2	1
Apprentice Dental Technician	1	1
Senior Dental Attendant	1	1
Dental Attendants—whole-time	12	9
—part-time		4
Senior Speech Therapist	1	1
Speech Therapists—whole-time	5	3
—part-time		1

Inclusive of the Principal School Medical Officer and his Deputy, the total medical staff undertaking all School Health Service duties, including administrative work, on 31st December, 1962, was equivalent to approximately 6 whole-time officers.

The nursing staff employed in the School Health Service at the end of 1962 comprised 4 whole-time and 5 part-time School Nurses, while part-time service was also rendered by 26 Health Visitors and 30 District Nurse-Midwives who were employed by the Local Health Authority.

MEDICAL INSPECTION AND TREATMENT

Routine Medical Inspections.—Section 48 of the Education Act, 1944, requires the Local Education Authority to provide for the medical inspection, at appropriate intervals, of all pupils in attendance at maintained schools, including County Colleges. This Section also requires parents to submit their children for such inspection when so requested by an authorised officer of the Authority.

Under the National Health Service Act, 1946, children can receive treatment from medical practitioners who have contracted with the Local Executive Council to provide general medical services; and children found on examination by a School Medical Officer to be suffering from any defect are, save for certain agreed conditions, referred to their own doctors. Such pupils are followed up by the School Nurses and any necessary specialist advice or treatment is arranged either through the family doctor or directly with one or other of the hospitals in the area of the Birmingham Regional Hospital Board, as listed on page 18.

Local Education Authorities have power to modify medical inspection procedure by discontinuing certain routine examinations and arranging instead for the examination of children selected not by age but by other criteria such as lack of physical or educational progress, high rate of absenteeism, or from lists drawn up by the Headteacher, School Medical Officer and School Nurse in consultation.

Routine examination of all children in the "Entrants" and "Leavers" categories is generally regarded as necessary and in those areas where adjustments are being made the "Intermediate" examination has been replaced by selective examination as indicated above. Such "selective" examination represents the expression of a hope that the time of School Medical Officers will be given to the care of children especially needing it, rather than to large numbers of healthy children.

In this County the following procedure obtains:

(i) *Routine Inspections:*

Routine medical examinations are carried out of pupils in three age groups (*a*) Entrants—on admission to school, usually at 5 years, (*b*) Intermediates—at 11 years, and (*c*) Leavers—at approximately 14 years.

School Nurses are asked to visit each school prior to the inspection to test the vision of all children listed for examination.

Routine examination of the 8 year olds has now been dispensed with, but all pupils noted for re-examination on account of a defect and any referred for special examination by the Head of the school are seen by the examining Medical Officer once a year. Every pupil in the 8 year group, however, undergoes a vision test by the School Nurse as mentioned above. Heads are encouraged to refer children in this age group for special examination because the interval between the first and second routine examinations is now six years.

There were approximately 47,000 pupils on the School Register in 1962, with about one-third due for routine examination. In theory one would expect nearly 16,000 to have had a routine medical examination, but the number was in fact 12,745. The numbers examined vary with the numbers of Medical Officers employed and the other demands made upon their time. Poliomyelitis and B.C.G. vaccinations reduce time available for routine medical inspections.

(ii) *Special Inspections and Re-examinations:*

In addition to the inspection of pupils in the three age groups mentioned in Section (i) above, special examinations are made of pupils referred on account of defects by Head Teachers or School Nurses, including children who are in need of special educational treatment. Annual re-examinations are also made of children found to have a defect requiring observation.

The numbers of pupils examined as specials and re-examinations in 1962 were 1,347 and 9,429 respectively, making a total of 10,776 examinations.

Medical Officers and School Nurses should and do discuss children with the family doctors and this liaison results in better care for the children. The "Entrants" examination done during the child's first year at school is very important and for this reason twelve children only are examined at each session. Parents usually come to this examination and it is most important that they should, because in addition to the physical health of a child any other problems or conditions can be discussed and help given where it is found that adverse conditions, with their often far reaching ill effects, exist.

The school leaver's routine examination at about 14 years is aimed at assessing the child's health so that any necessary treatment may be arranged before he or she leaves school.

One of our experienced School Medical Officers comments as follows:

"In areas with improved Dental Service, medical inspection discovers fewer neglected teeth, but Dental Services are still quantitatively inadequate.
"With routine Audiometry, all deaf and partially deaf children are discovered at an early age and dealt with, ensuring that these children get full benefit from schooling and better social adaptation.

"The posture of school children has greatly improved.

"Frequent 'foot inspections' at schools followed by home visits by the School Nurse are helping to control the spread of Athlete's Foot and Verrucas".

These matters are, of course, dealt with in greater detail under the appropriate sections of this report.

Co-operation and co-ordination.—The School Health Service would like all School Medical Officers and School Nurses to meet the family doctors in their areas, and to confer with them whenever the interests of the children seem to make this desirable. When each tries to appreciate the other's view points and responsibilities, much good can result to the child and family. Family doctors are, in fact, making increasing use of the Speech Therapy, Child Guidance, Audiology and other Specialist Services provided by the Local Education Authority, and any enquiries about their child patients can be made by a practitioner either directly by letter or telephone to the Health Department at College Hill, or to the School Medical Officer at local level.

Our relationships with teaching staff remain encouragingly cordial, centrally and locally. If the newer services, in addition to the annual medical inspections, tend to take up time which would normally be devoted to teaching, it is to be remembered that the raison d'être of the School

Health Service is to enable each child to get the maximum benefit from the educational facilities afforded. So, far from there being conflicting interests, we are all indeed working towards the same goal. Education Welfare Officers help also, in securing the attendance of pupils for special examinations, and the N.S.P.C.C. Inspectors assist as well, in the, fortunately, comparatively few cases of unsatisfactory home conditions due mainly to lack of parental care.

Treatment of Eye Conditions.—The need for early treatment for errors of refraction and squint is now widely recognised and Health Visitors and School Nurses impress upon parents that special attention should be given to these conditions.

The five year old groups are tested shortly after entry with special material so that visual defects may be detected and remedied as formal education begins.

Our Ophthalmic Consultants are pleased that children thought to be suffering from squints are now being referred at a much earlier age, with correspondingly more satisfactory results after treatment.

However, the mistaken assumption that the child might "grow out of the squint" still exists and it is in such cases, fortunately not so frequent as a few years ago, that the Health Visitors and School Nurses should use their influence with parents to secure treatment.

During the year 3,215 children were dealt with for defective vision or other eye conditions, 2,723 being referred to Ophthalmic Medical Practitioners or Ophthalmic Opticians, 338 being treated by Ophthalmic Consultants at Shrewsbury Hospitals and 154 by an Ophthalmic Medical Practitioner at Ludlow.

Many reports are received from School Nurses that children for whom spectacles are prescribed do not wear them, and it has been necessary to write to parents to secure their co-operation, since the remedy lies mainly in their hands. It is regrettable that the education of children who have to wear spectacles should be allowed to suffer because the child does not like wearing them and because of parental indifference.

Defects of Ear, Nose and Throat.—These conditions have, with respiratory illnesses, changed in character and incidence over the last twenty years.

The school population is now healthier with higher living standards, and better material, social and medical care: and less surgical treatment is needed in this field. Where treatment is needed, the advice and treatment of the Consultant Otolaryngologists are easily available.

Of the 14,092 children medically examined by the School Medical Officers, 112 were referred to the Ear, Nose and Throat Specialists during 1962 and another 1,032 were noted for observation because of tonsil and adenoid conditions.

Operations for the removal of tonsils and adenoids were performed on 578 Shropshire school children in hospitals of Nos. 15 and 16 Hospital Management Committee Groups. This number includes children attending private and independent schools not maintained by the Local Education Authority and who are, therefore, outside the scope of the School Health Service.

Orthopaedic Defects.—There are eight Orthopaedic After-Care Clinics in Shropshire, attended by an Orthopaedic Specialist and an Orthopaedic Nurse.

During 1962, of 14,092 pupils medically examined by the School Medical Officers, the following were noted as suffering from varying degrees of orthopaedic defect and referred to the Orthopaedic Surgeon where treatment was considered necessary:

	Treatment	*Observation*
Posture	11	150
Feet	49	249
Other conditions	51	465

Postural defects, particularly in "teenage" boys and girls, account for an appreciable number of orthopaedic defects. In schools with remedial classes there is always improvement, and Physical Education Specialists do excellent work in getting pupils to take an interest in posture and personal appearance.

Medical Officers continue to comment adversely upon the unsuitability of footwear, especially amongst the older children, as referred to on page 9.

Diseases of the Skin.—The numbers of Shropshire school children known to have been treated during 1962 for diseases of the skin are indicated below:

Ringworm—scalp	6
—body	26
Scabies	8
Impetigo	21
Other skin diseases	53
TOTAL	114

In 1962 there were some local outbreaks of ringworm, occurring in rural areas and thought to be associated with infected animals, and these cases have been completely cleared. These numbers are relatively small, and the School Nurses ensure that the medical treatment prescribed is effectively carried out.

Care of the Feet.—Since 1959, foot inspections of pupils in attendance at Grammar, Technical, Modern and Senior Schools have been carried out by the School Medical Officers, usually in conjunction with routine medical inspections. During 1962, however, these inspections were confined to schools where the Head Teachers, School Medical Officers or School Nurses invited inspection.

Strong representations by a Consultant Dermatologist caused us in September, 1958, to review Plantar Warts. Not infrequently the spread of these and of Athlete's Foot is ascribed to educational activities such as the bare foot dancing approved by the Physical Education Department, and to swimming baths. In fact, much of the evidence, although conflicting, hardly supports these views.

Special efforts were made to try to assess the facts. The introduction of regular inspections of the feet of all pupils in attendance revealed at first a disquieting lack of ordinary social cleanliness. As the feet are normally covered, any skin conditions are liable to be neglected until infection is well established. In addition, lack of early treatment may result in infection being passed on to others.

Plantar warts (also known as verruca plantaris) are accepted as a manifestation of a general wart infection in the community and are caused by a virus. Development, often in multiple form, on the sole of the foot is often painful, since the warts cannot grow out of the surface because of pressure. Investigations into the incidence of this condition have shown that this is higher in girls than in boys and increases with age in both sexes.

Children found on inspection to have plantar warts are excluded from swimming, showers and participation in bare foot physical education until the condition has been treated and cured. Cases discovered are kept under observation by the School Nurse, who also ensures that treatment is obtained.

Much research remains to be carried out on the origin and history of warts and in the absence of more precise information it seems reasonable to give particular attention in schools to the most likely spots for the spread of infection, e.g., changing rooms and shower baths, and these are disinfected. Where bare foot physical education is held in senior schools, the gymnasium floors are likewise swabbed and treated each day with a suitable disinfectant.

Athlete's foot results from a fungus infection, and is characterised by cracking or scaling of the skin, especially between the toes, or the formation of watery blisters. Infection is spread by contact with skin lesions from an infected person or with contaminated floors, shower stalls, etc.

During 1962, there were 4 inspections involving 956 pupils, and 29 cases of Verruca (9 old and 20 new) and 11 cases of suspected Athlete's Foot (3 old and 8 new) were discovered, as well as an unspecified number of other foot conditions which, in one modern school of 290 pupils, took the form of cracked, peeling and soggy skin. Cases of Verruca and Athlete's Foot not under treatment were referred to the family doctors and followed up by the School Nurses.

Footwear.—Problems of footwear referred to in the Report for 1961 still remain with us. In general the shoes of children up to eleven years of age are of good shape, well fitted and of reasonable quality, and the standard school shoe allowing the foot to function satisfactorily is more in evidence.

Amongst the girls, and indeed some of the boys, in the Senior Schools, fashion continues to dictate the type of shoes worn, and the exaggerated modern styles of pointed or chisel toes and stiletto heels positively discourage the natural development and satisfactory function of the foot.

Efforts are made by School Medical Officers, School Nurses, Teachers and Physical Education Specialists to counteract these tendencies; good advice is given but not taken and in this respect parental influence and co-operation are of paramount importance. Though fashions change quickly, many defects can develop in a relatively short time.

Treatment of Minor Ailments.—Clinics provided by the Local Education Authority for the treatment of minor ailments are listed on pages 14 to 18 of this report.

The attendances during 1962 at the five school clinics held in various areas of the County are very few for the number of openings, and it would seem that the service hardly justifies itself unless the school doctor or nurse is at the clinic primarily for some other purpose and is merely available for a casual school child visitor. This is in fact the more usual situation and these sessions are used for the fuller follow-up examinations, for which there is insufficient time at the routine school medical inspection. The "School Clinic" at Monkmoor is more of the nature of a twice weekly visit or inquiry at this large school of 1,400 pupils (including the adjacent Infants' and Nursery Schools) by one of the whole-time School Nurses for the Borough of Shrewsbury.

At the "School Nurse" session and the "School Doctor" sessions at Bridgnorth, Market Drayton, Oswestry and Wellington Welfare Centres, 135 children made 161 attendances in 1962. Examinations by the School Doctor totalled 76 and 38 of the children were referred to their own doctor.

Nutrition.—

NUTRITIONAL GROUPS, 1956—1962

Year	Children examined	Classification in Percentages	
		Satisfactory	Unsatisfactory
1956	21,224	99.3	0.7
1957	18,424	99.7	0.3
1958	7,255	99.8	0.2
1959	16,520	99.9	0.1
1960	19,439	99.9	0.1
1961	13,874	100	0
1962	12,745	100	0

The table above illustrates the steady improvement in the physical standards and nutrition of children in maintained schools and is a reflection of the present high living standards; contributing factors are improved economic and social conditions, better social and parental child care, good nutrition, better medical and dental care and the important part played by the School Teacher in encouraging the physical care of the children in schools; Shropshire school children seem healthier than they have ever been.

With proper exercise and regular hours, correct diet is a factor important in maintaining good health. The problem of obesity is fortunately not a common condition, although probably more so than malnutrition, and one of our School Medical Officers who is responsible for approximately 6,000 school children, has only three such cases, all of whom are under specialist treatment.

General improvement in the satisfaction of material requirements has reduced physical ailments to a minimum. The present generation of children living in an affluent society can satisfy practically all their material needs with the minimum of effort. No high parental standards requiring sustained self discipline are now necessary, compared with the pre-war period of the thirties.

The parents of the early thirties did splendid work in those difficult times and Local Health and Education Authorities were enabled to provide that no child needed to suffer nutritionally between conception and school leaving. The same children growing to relative affluence perhaps lacked the challenges met by their parents, and the latter relaxed a little. More ease and less discipline have contributed to the lower moral standards which, it must be said, are now causing very real concern to doctors and social workers nearly a generation later.

"In a rich earth, weeds flourish as well as flowers and fruit; crime and immorality are weeds that grow in prosperity". So wrote the leader in a National Daily on 14th June, 1963—the modern equivalent of the "high living and low thinking" gibe of our Victorian grandparents.

Yet the vast majority of school leavers and teenagers probably still have as their ultimate ambition a happy and stable family life. We tell them too little about how this ambition can best be fostered and how easily carelessness in behaviour and the acceptance of lower moral standards can frustrate and imperil its attainment. In truth, and as recent reports acknowledge, any criticisms of teenagers are in fact an indictment of their parents. Starting from the premise that the girls' objective is happy and secure family life (and that they can almost certainly control the boys if they want to) it seems that some serious effort must be made to guide them how this praiseworthy objective may best be pursued, in decency and decorum and without dullness. Grown-ups are too lazy and diffident to enter this difficult field deliberately: and to that extent it is the grown ups rather than the teenagers who are currently irresponsible. If the girls want to be good wives and mothers in a happy family life, we can and should discuss with them the best means for preparing to reach such a worthwhile goal.

Convalescence.—On the recommendation of School Medical Officers, eleven pupils were provided with free holiday convalescence during 1962. Selected cases were those where rest, good food and fresh air were essential to recovery and in the main these children came from poor home conditions. Holidays were arranged through the School Health Service and under a scheme quite distinct from convalescence provided through the National Health Service. The Ormerod Convalescent Home at St. Annes-on-Sea was used and reports on the Home were satisfactory. In addition three children attended a Holiday Camp organised by the British Epilepsy Association.

No education is provided in convalescent homes and should a fairly long period of treatment be required, the child is regarded as a delicate pupil and placed in an open-air school.

Cleanliness Inspections.—The incidence of infestation being extremely low in schools above primary level, cleanliness inspections in Secondary Modern, Technical and Grammar Schools are now arranged only at the request of the Heads.

School Nurses carry out routine inspections for verminous infestation of pupils in all Primary Schools, follow-up inspections being made of pupils found to have nits or lice.

Cleanliness inspections in Primary Schools are carried out early each term, and an Informal Cleansing Notice issued to the parent of any pupil found to be verminous.

Such pupils are re-examined one week later and, if still found to be verminous, Formal Cleansing Notices are served on the parents, requiring them to disinfest and to present the children for re-examination by the School Nurse at the end of three days.

If on re-examination a pupil is found to be still verminous, a Formal Cleansing Order may be issued, instructing the Nurse to convey the pupil to the nearest School Clinic to be cleansed by her.

During 1962, a total of 82,103 head inspections was carried out by the School Nurses, and 820 children were found to be verminous, some on more than one occasion.

The following table sets out the position from 1952 to 1962:

Year	Pupils on Register of Schools Inspected	Verminous Pupils	Percentage Verminous
1952	37,545	1,418	3.8
1953	39,187	1,179	3.0
1954	38,448	1,337	3.5
1955	38,527	1,119	2.9
1956	40,152	1,287	3.2
1957	40,574	1,336	3.3
1958	40,753	1,207	3.0
1959	38,794	1,151	3.0
1960	35,077	975	2.8
1961	34,559	850	2.5
1962	35,000	820	2.3

It was found necessary during the year to issue 19 Formal Cleansing Notices and 3 Cleansing Orders. No legal proceedings were instituted in this connection during the year.

Infestation is mainly confined to children whose home conditions are unsatisfactory. In such cases School Nurses have the task of dealing with parents and older members of the household, who neglect personal hygiene and consequently re-infest the younger children.

Children from such families are a continual source of infestation to other pupils and cause constant irritation to parents of clean children and to teachers.

The problem of attaining complete freedom from infestation in schools will not be solved completely either by compulsory cleansing or even by prosecution. It will be overcome only by the education of parents and children and to this end health education is carried out by School Medical Officers and School Nurses in Clinics, Schools and the homes of the offenders.

Work of School Nurses.—School Nursing is undertaken by 9 School Nurses (4 whole-time and 5 part-time), 26 Health Visitors and 30 District Nurses (who are estimated to devote about 7 per cent of their time to this work). In addition to their visits to schools for head inspections the School Nurses are required to attend routine medical inspections.

Children ascertained by the School Medical Officer to be suffering from defects of any kind are either referred to the family doctor for treatment or noted for observation; and the subsequent follow-up work of the School Nurses, together with the number of days given to routine medical inspections, is indicated in the following table:

Staff	Staff		Medical Inspection days	Treatment Cases				Observation Cases			Totals	
	Number	Whole-time equivalent		Visited	Not Visited	Total	Treated	Visited	Not Visited	Total	Cases	Visi
School Nurses	4	4	199	1,526	394	1,920	1,943	251	61	312	2,232	2,88
Part-time School Nurses	5	0.473	2	98	3	101	100	34	—	34	135	10
Health Visitors	26	7.28	260	1,089	808	1,897	1,894	465	465	930	2,827	2,12
District Nurses	30	2.53	123	791	98	889	866	213	57	270	1,159	1,53
TOTAL ..	65	14.283	584	3,504	1,303	4,807	4,803	963	583	1,546	6,353	6,6

While the above figures show that, on average, each nurse carries out about two visits per day, it must be borne in mind that only 4 nurses are employed whole-time on School work and that the remainder have other duties under the National Health Service Acts (health visiting, nursing and midwifery) which occupy the bulk of their time.

Vocational Guidance.—The School Medical Officer, at the last routine medical examination of each pupil, makes a special report if he considers the pupil unsuitable for work of any particular type. When the pupil leaves school this report is sent by the Head, together with the "School Leaving Report," to the Local Officer of the Ministry of Labour or to the Juvenile Employment Bureau. It is then used by the Vocational Guidance Officer to ensure that any pupil, on leaving school, is not placed in employment for which he or she is either mentally or physically unsuited.

Handicapped pupils are also encouraged to enrol on the Register of Disabled Persons and so obtain through the Ministry of Labour not only sheltered employment but also the special educational training open to Registered Disabled Persons.

Employment of Children.—Only children of 13 years or more are allowed to take up employment, which is restricted by statute and may not exceed two hours on school days. Work before 7 a.m. is prohibited and the majority of pupils do about three hours on Saturday mornings on deliveries for grocers, or half to one hour daily after 7 a.m. on newspaper rounds.

Employment in a number of occupations connected with hotels, public entertainments, licensed premises, racing tracks, etc., is prohibited and no child may be employed to lift, carry or move anything so heavy as to be likely to cause him injury.

In accordance with the provisions of Section 59 of the Education Act, 1944, all pupils reported by the Secretary for Education as being engaged in work outside school hours are examined by a School Medical Officer to ensure that they are not being employed in a manner likely to be prejudicial to health or to render them unfit to obtain the full benefit of education.

After this initial examination each child is seen annually at routine medical inspection, or at an earlier date if the School Medical Officer recommends such an arrangement.

Part-time work of the correct type is good for children and the feeling of responsibility which it gives helps them when they leave school and take up regular employment.

Even in the "hungry thirties" a meticulous watch recorded by the writer on employed children in a depressed area in Lancashire showed conclusively the great benefit and improvement in physique accruing to the children. Within the School Health Service these exercises can be, and are, watched over so that no risks are possible.

Of 554 pupils examined during 1962, it was necessary to recommend cancellation of employment in five cases and re-examination in five other cases at intervals ranging from two to six months.

Medical Inspection of Pupils resident in Hostels, Boarding Schools and Special Boarding Schools..—Special arrangements are made for the medical examination of children in hostels and boarding schools, or resident in special boarding schools within the County, as under:

Bridgnorth	..	Apley Park	Residential
Ellesmere	..	Petton Hall	Residential
Ludlow	..	Grammar School for Boys	Hostel
Newport	..	Grammar School for Boys	Hostel
Oswestry	..	Oakhurst (Oswestry Girls' High School)	Hostel
Shifnal ..	..	Haughton Hall	Residential
Shrewsbury	..	The Limes (Priory Grammar School for Girls) ..	Hostel
		The Elms (Shrewsbury Technical and Technical High Schools for Girls and School of Art) ..	Hostel
		Nearwell (Shrewsbury Technical School and Technical High School for Boys)	Hostel
Wem	..	Trench Hall	Residential
Whitchurch	..	Grammar School for Boys	Hostel

During 1962, School Medical Officers examined 738 pupils in residence, anything relevant to the well being of the children being passed on to the Matron of the Hostel or the Head of the School. Every pupil in these residential establishments is on the list of a local Medical Practitioner providing General Medical Services under the National Health Service Act.

Arrangements were also made during the year, at the request of the Robert Jones and Agnes Hunt Orthopaedic Hospital authorities, for the local School Medical Officer to undertake vision testing of approximately 100 pupils attending the Hospital School. These tests are carried out each term and pupils having defective vision are referred to an Ophthalmic Consultant for treatment.

Education of Children in Hospitals.—The Robert Jones and Agnes Hunt Orthopaedic Hospital have a permanent arrangement with the Education Committee for the provision of special educational facilities. At Copthorne and Monkmoor Hospitals, Shrewsbury, patients recommended for special tuition attend a class held regularly at the hospitals by tutors provided by the Education Committee.

In other hospitals in the County, when a child is admitted whose stay is likely to be prolonged, special arrangements are made for individual tuition if the medical condition permits.

SCHOOL CLINICS PROVIDED BY THE LOCAL EDUCATION AUTHORITY

The following is a list of clinic sessions made available by the Local Education Authority at which school children may attend. School doctors' sessions operate concurrently with general child welfare clinics.

Centre	Sessions		
Albrighton Junior School	*Speech Therapy:*	Every Monday morning during term time	9.00 a.m.—10.00 a.m.
Baschurch	*Immunisation:*	First Tuesday in month	2.30 p.m.— 4.30 p.m.
Bayston Hill	*Immunisation:*	First and Third Mondays in month	2.30 p.m.— 5.00 p.m.
Bishop's Castle	*Immunisation:*	Second and Fourth Fridays in month	1.30 p.m.— 4.30 p.m.
Bridgnorth (Grove Estate)	*Immunisation:*	Fourth Thursday in month ..	1.30 p.m.— 4.30 p.m.
Bridgnorth (North Gate)	*School Doctor:*	First Monday in month	9.00 a.m —10.30 a.m.
	Immunisation:	First Monday in month	9.00 a.m.—10.30 a.m.
		Mondays	1.30 p.m.— 4.30 p.m.
	Speech Therapy:	Fridays	9.30 a.m.—12.30 p.m.
	Audiology:	By arrangement	
	Orthopaedic:	Tuesdays	2.30 p.m.— 5.00 p.m.
	Dental:	By arrangement	
	Ophthalmic	By arrangement	
Bridgnorth St. Mary's Junior School	*Speech Therapy:*	Every Friday afternoon during term time	1.45 p.m.— 3.30 p.m.
Broseley	*Immunisation:*	First, Third and Fifth Thursdays in month	2.00 p.m.— 4.30 p.m.
Buntingsdale (Royal Air Force)	*Immunisation:*	Every Thursday afternoon except first in month	2.30 p.m.— 4.00 p.m.
Church Stretton	*Immunisation:*	First and Third Thursdays in month	2.00 p.m.— 4.30 p.m.
	Audiology:	By arrangement	
Church Stretton C.E. Infant School	*Speech Therapy:*	Every Tuesday morning during term time	9.15 a.m.—10.45 a.m.
Church Stretton C.E. Junior School	*Speech Therapy:*	Every Tuesday morning during term time	11.00 a.m.—12.30 p.m.
Cleobury Mortimer	*Immunisation:*	First and Third Wednesdays in month	2.00 p.m.— 4.00 p.m.
Condover Hall School for the Blind	*Speech Therapy:*	Friday mornings	9.30 a.m.—12.30 p.m.
Cosford (Royal Air Force)	*Immunisation:*	Second and Fourth Thursdays in month	2.00 p.m.— 4.00 p.m.

Centre	Sessions		
DAWLEY	*School Doctor:*	First Tuesday in month	9.30 a.m.—12.00 noon
	Immunisation:	First, Third and Fifth Tuesdays in month	1.30 p.m.— 4.30 p.m.
		First Wednesday in month ..	9.30 a.m.—12.00 noon
	Speech Therapy:	Thursdays	1.30 p.m.— 5.00 p.m.
	Audiology:	By arrangement	
	Dental:	By arrangement	
DONNINGTON (Turreff Hall)	*Immunisation:*	First, Third and Fifth Wednesdays in month	1.30 p.m.— 4.30 p.m.
DONNINGTON (Garrison Welfare Centre)	*Immunisation:*	Second and Fourth Fridays in month	2.00 p.m.— 4.30 p.m.
ELLESMERE	*School Doctor:*	First Tuesday in month	9.30 a.m.—12.00 noon
	Immunisation:	First Tuesday in month	10.30 a.m.—12.30 p.m.
		First, Third and Fifth Tuesdays in month	1.30 p.m.— 4.30 p.m.
	Audiology:	By arrangement	
	Dental:	By arrangement	
HADLEY	*School Doctor:*	Second Tuesday in month ..	9.30 a.m.—12.30 p.m.
	Immunisation:	Second Tuesday in month ..	10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
		Fourth Tuesday in month ..	1.30 p.m.— 4.30 p.m.
HADLEY MODERN SCHOOL	*Speech Therapy:*	Tuesdays	9.30 a.m.— 5.00 p.m.
HAUGHTON HALL SCHOOL	*Speech Therapy:*	Mondays	2.00 p.m.— 4.30 p.m.
HIGHLEY	*Immunisation:*	First and Third Tuesdays in month	1.30 p.m.— 4.30 p.m.
IRONBRIDGE	*Immunisation:*	First and Third Fridays in month	2.00 p.m.— 4.30 p.m.
KINNERLEY C.E. SCHOOL	*Speech Therapy:*	Every Wednesday afternoon during term time	1.45 p.m.— 3.30 p.m.
LUDLOW (Dinham)	*Dental:*	Mondays and by arrangement ..	9.00 a.m.— 4.30 p.m.
	Immunisation:	Second Monday in month ..	9.30 a.m.—12.00 noon
	Speech Therapy:	Thursdays	10.00 a.m.—12.30 p.m. 1.30 p.m.— 5.00 p.m.
	Hearing Training:	Thursdays	10.00 a.m.—12.00 noon
	Audiology:	By arrangement	
	Child Guidance:	By arrangement	
	Ophthalmic:	By arrangement	

Centre	Sessions		
Ludlow (East Hamlet)	*Immunisation:*	Second and Fourth Thursdays in month	1.30 p.m.— 4.30 p.m.
Madeley	*Dental:*	By arrangement	
	Immunisation:	Second and Fourth Wednesdays in month	1.30 p.m.— 4.30 p.m.
	Speech Therapy:	Thursdays	10.00 a.m.—12.30 p.m.
	Audiology:	By arrangement	
	Orthopaedic:	Second and Fourth Fridays in month	10.30 a.m.—12.30 p.m.
Market Drayton	*School Doctor:*	Wednesdays	9.30 a.m.—10.30 a.m.
	Immunisation:	Second Wednesday in month	9.30 a.m.—12.00 noon
	Audiology:	By arrangement	
	Dental:	By arrangement	
	Speech Therapy:	Fridays	12.00 noon—12.30 p.m. 1.45 p.m.— 5.00 p.m.
Market Drayton Junior School	*Speech Therapy:*	Every Friday morning during term time	10.00 a.m.—11.45 a.m.
Much Wenlock	*Immunisation:*	Fourth Tuesday in month	2.00 p.m.— 4.30 p.m.
Newport	*Dental:*	By arrangement	
	Immunisation:	First Friday in month	9.30 a.m.—12.00 noon
	Speech Therapy:	Wednesdays	10.00 a.m.— 1.00 p.m. 2.00 p.m.— 4.15 p.m.
	Audiology:	By arrangement	
Oakengates	*Immunisation:*	Fridays	1.30 p.m.— 4.30 p.m.
	Dental:	By arrangement	
	Audiology:	By arrangement	
Oswestry	*School Doctor:*	Wednesdays	9.00 a.m.—10.30 a.m.
	School Nurse's Session:	Fridays	9.00 a.m.—10.30 a.m.
	Immunisation.	Third Wednesday in month	9.30 a.m.—12.00 noon
	Dental:	Mondays and by arrangement	9.00 a.m.— 4.30 p.m.
	Speech Therapy:	Tuesdays	10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
	Orthopaedic:	Wednesdays	11.00 a.m.— 1.00 p.m.
	Audiology:	By arrangement	
	Ophthalmic:	By arrangement	

Centre	Sessions		
PETTON HALL	*Speech Therapy:*	Wednesdays	9.30 a.m.— 1.30 p.m.
PONTESBURY	*Immunisation:*	Second and Fourth Tuesdays in month	2.00 p.m.— 4.30 p.m.
ST. MARTIN'S	*Immunisation:*	First Tuesday in month	2.00 p.m.— 4.30 p.m.
SHAWBURY	*Immunisation:*	Second and Fourth Tuesdays in month	2.00 p.m.— 4.30 p.m.
SHIFNAL	*Immunisation:*	Second and Fourth Mondays in month	2.00 p.m.— 4.30 p.m.
	Audiology:	By arrangement	
	Speech Therapy:	Mondays	10.30 a.m.—12.30 p.m.
SHREWSBURY			
(*a*) Harlescott	*Immunisation.*	First Tuesday in month	9.30 a.m.—12.00 noon
(*b*) Health Centre, Murivance	*School Doctor:*	First Friday in month	9.00 a.m.—10.30 a.m.
	Immunisation:	First and Third Fridays	9.30 a.m.—12.30 p.m.
(*c*) Meole Brace	*Immunisation:*	First Thursday afternoon in month	2.45 p.m.— 5.00 p.m.
(*d*) Monkmoor (at Monkmoor School)	*School Nurse's Session:*	By arrangement	
(*e*) Monkmoor Centre	*Immunisation:*	First Tuesday in month	1.30 p.m.— 4.30 p.m.
(*f*) St. Giles Memorial Hall	*Immunisation:*	Fourth Tuesday in month ..	1.30 p.m.— 4.30 p.m.
(*g*) White House	*Immunisation:*	Second and Fourth Thursdays in month	9.00 a.m.—12.00 noon
(*h*) 1 Belmont	*Speech Therapy.*	Mondays	9.00 a.m.—12.30 p.m.
		Wednesdays	9.30 a.m.— 1.00 p.m.
		Thursdays	9.00 a.m.—12.30 p.m. 2.00 p.m.— 4.15 p.m.
	Audiology:	By arrangement	
(*i*) Education Office, County Buildings	*Child Guidance:*	Thursdays, Fridays and by arrangement	10.00 a.m.— 4.00 p.m.
(*j*) No. 5 Belmont	*Dental:*	Weekdays	9.00 a.m.— 4.30 p.m.
(*k*) St. Michael's Street Class for Backward Children	*Speech Therapy:*	Tuesdays	1.45 p.m.— 5.00 p.m.
(*l*) Sutton Lodge Occupation Centre	*Speech Therapy:*	Thursdays	1.45 p.m.— 4.00 p.m.
(*m*) Pre-School Nursery Unit, Claremont Street	*Speech Therapy:*	Weekdays except Mondays ..	9.30 a.m.—12.30 p.m.
(*n*) Sundorne Infant School	*Speech Therapy:*	Every Monday morning during term time	9.30 a.m.—12.00 noon
(*o*) Coleham School	*Hearing Assessment:*	By arrangement	

Centre	Sessions		
Tilstock C.E. School	*Speech Therapy:*	Every Friday morning during term time	9.30 a.m.—10.15 a.m.
Trench Hall Residential School	*Child Guidance:*	By arrangement	
Wellington	*School Doctor:*	Thursdays	9.30 a.m.—10.30 a.m.
	Immunisation:	Second Friday in month	9.30 a.m.—12.00 noon
	Dental:	Weekdays	9.00 a.m.— 4.30 p.m.
	Speech Therapy:	Mondays	9.30 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m.
	Audiology:	By arrangement	
	Child Guidance:	Wednesdays	10.00 a.m.— 4.00 p.m.
Wem	*Audiology:*	By arrangement	
	Immunisation:	Second and Fourth Thursdays in month	2.00 p.m.— 4.00 p.m.
	Dental:	By arrangement	
Wem C.E. Junior School	*Speech Therapy:*	Every Friday afternoon during term time	1.30 p.m.— 3.45 p.m.
Wem Grammar School	*Speech Therapy:*	Every Friday afternoon during term time	3.50 p.m.— 4.30 p.m.
Weston Rhyn Junior School	*Speech Therapy:*	Every Tuesday morning during term time	9.30 a.m.—10.20 a.m.
Whitchurch	*Dental:*	By arrangement	
	Immunisation:	First and Third Thursdays in month	1.30 p.m.— 4.30 p.m.
	Speech Therapy:	Fridays	9.30 a.m.—12.30 p.m.
	Audiology:	By arrangement	

HOSPITAL AND SPECIALIST SERVICES

Children found to be suffering from defects requiring either the advice of a Consultant or in-patient treatment are referred, preferably in collaboration with their family doctor, to the following hospitals, all of which come under the Birmingham Regional Hospital Board. Children suffering from chest conditions are seen by a Chest Physician at one of the Chest Clinics.

General Medical and Surgical Conditions:

The Royal Salop Infirmary, Shrewsbury.
Copthorne Hospital, Shrewsbury.
The North Staffordshire Royal Infirmary, Stoke-on-Trent.
The Kidderminster and District General Hospital, Kidderminster.
The Wolverhampton Royal Hospital, Wolverhampton.
The Staffordshire General Infirmary, Stafford.

Eye Conditions:

The Eye, Ear and Throat Hospital, Shrewsbury.
The North Staffordshire Royal Infirmary, Stoke-on-Trent.
The Staffordshire General Infirmary, Stafford.
The Kidderminster and District General Hospital, Kidderminster.
The Wolverhampton and Midland Counties Eye Infirmary, Wolverhampton.

Ear, Nose and Throat Conditions:

The Bridgnorth and South Shropshire Infirmary, Bridgnorth.
Copthorne Hospital, Shrewsbury.
The Eye, Ear and Throat Hospital, Shrewsbury.
Ludlow and District Hospital, Ludlow.
Oswestry and District Hospital, Oswestry.
Shifnal Cottage Hospital, Shifnal.
Whitchurch Cottage Hospital, Whitchurch.
New Cross Hospital, Wolverhampton.
The North Staffordshire Royal Infirmary, Stoke-on-Trent.
The Staffordshire General Infirmary, Stafford.
The Kidderminster and District General Hospital, Kidderminster.
The Wolverhampton Royal Hospital, Wolverhampton.

Orthopaedic Conditions, including Fractures:

Royal Salop Infirmary, Shrewsbury.
The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.
The Kidderminster and District General Hospital, Kidderminster.

X-ray Treatment of Ringworm:

The Midland Skin Hospital, Birmingham.

Special Forms of Treatment not elsewhere available:

The Birmingham Children's Hospital, Birmingham.

HANDICAPPED CHILDREN

Case-finding of Handicapped Pupils.—The Education Act, 1944, brought provision for the education of handicapped children within the framework of the educational system and imposed upon Local Education Authorities the duty of providing sufficient suitably equipped and staffed schools to give all pupils the opportunity of education consistent with age, aptitude and ability. Authorities were also given the specific duty of finding children who require special educational treatment and of providing this, if necessary, from the age of two years.

A handicapped child may be defined as one suffering from a disability of mind or body which is likely to interfere with normal growth, development and ability to learn. Handicapping conditions associated with external physical abnormality, such as defects of the limbs, cleft palate, mongolism, etc., are easily recognised at birth. Other conditions such as deafness, blindness, cerebral palsy, etc., must be discovered by careful observation of the child's development over a period of months or even years. For the purposes of the Education Act there are ten categories of handicap, as follows:

Blind	Educationally subnormal
Partially sighted	Epileptic
Deaf	Maladjusted
Partially hearing	Physically handicapped
Delicate	Speech defective

Formerly, unless the handicap was obvious, discovery remained in the hands of the parent and, frequently, assessment and treatment were delayed until the child reached school age. In the present decade, however, with increased interest in paediatrics and child psychiatry, the need for early diagnosis has been recognised if treatment is to be begun at the most favourable stage of the child's development.

Detection and ascertainment.—Notifications of birth are received by the Local Health Authority and forwarded to their Health Visitors, who take responsibility for visiting the home and advising the parents from the eleventh day of the child's life.

Children suffering from obvious handicaps such as total deafness, severe physical disability, etc., are discovered long before they reach school age and the Health Visitors continually watch for any signs of handicap. The need for early discovery cannot be too greatly stressed, and parents, family doctors, school medical officers, health visitors and teachers should refer any child thought to be suffering from a handicap so that assessment and any special educational treatment or training may be decided upon without harmful delay.

A register is kept in the School Health Service Section of all children who might possibly be handicapped and this is called the "Register of Handicapped Pupils". Details of the children listed therein are sent to the School Medical Officers concerned. A second register—called the "At Risk" register—is also maintained of children in whom the possibility of handicaps caused by adverse influences in the pre-natal and post-natal periods is considered to be greatest, e.g., premature infants, twins, children of mothers with Rhesus negative blood containing antibodies, and those who have had a virus infection, such as German Measles, during pregnancy. In such children the most likely handicap is deafness, and it is hoped that all of them will be tested for deafness before they are one year old. These "At Risk" categories are dealt with in greater detail under "Deafness" on page 33 of this report. Particular attention is paid by the Health Visitors to children in these categories and the accuracy and usefulness of both registers depends also upon the co-operation of Hospital Consultants and Family Doctors.

Dr. Macaulay and Dr. Roberts, Consultant Paediatricians of the Shrewsbury Hospital Group and Maelor General Hospital respectively, advise the School Health Service of any handicapped children who come to their notice.

In each case, a Medical Officer pays an initial visit to the home to examine and assess the child, to arrange for any specialist consultation or treatment, to discuss with the parents the child's educational future and in general to give them help and guidance in the understanding and management of the handicapped. Any child thought to be suitable for admission to the special Unit for Handicapped Children, which is dealt with in detail on page 22, is visited by the Senior Medical Officer, Dr. N. V. Crowley, who is keenly interested in the welfare of such children, and details are passed to the Education Department so that admission can be arranged.

During 1962, pupils ascertained under the provisions of the Handicapped Pupils and School Health Service Regulations numbered 397—298 by School Medical Officers and 99 by the Consultant Psychiatrist, and a summary of the findings and recommendations to the Local Education Authority is given below. In addition 270 children found to be speech defective were brought under treatment by the Speech Therapists.

HANDICAPPED PUPILS

Category	Pupils Specially Examined	Not Handicapped	Temporary exclusion from School	Special Educational Treatment Recommended			Reported to Local Health Authority		Pupils not requiring supervision on leaving school	Un treatr b Psych
				In Ordinary School	In Special School	Home Tuition	Unsuitable for education at school	Friendly supervision on leaving school		
Blind	2	—	—	—	2	—	—	—	—	—
Partially Sighted	2	—	—	—	2	—	—	—	—	—
Deaf	—	—	—	—	—	—	—	—	—	—
Partially Hearing	3	—	—	—	3	—	—	—	—	—
Delicate	21	—	—	—	16	5	—	—	—	—
Educationally Sub-Normal	247	29	3	80	52	4	29	38	12	—
Epileptic	1	—	—	—	1	—	—	—	—	—
Maladjusted	99	—	—	—	20	1	—	—	—	7
Physically Handicapped	22	—	—	—	10	12	—	—	—	—
TOTAL	397	29	3	80	106	22	29	38	12	7

As well, the Medical Officers also carried out a further 489 examinations of handicapped pupils in connection with unsatisfactory school attendance, the provision of transport to and from school and the review of home tuition cases.

The following table gives details of the numbers of pupils ascertained by the School Medical Officers and Consultant Psychiatrist during the period 1953 to 1962:

	(1) Blind (2) Partially-sighted (3) Deaf			(4) Partially hearing (5) Delicate (6) Educationally subnormal			(7) Epileptic (8) Maladjusted (9) Physically handicapped			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	TOTAL
Examined:										
1953	2	1	1	3	37	344	—	136	12	536
1954	1	4	3	3	27	299	2	115	16	470
1955	3	4	2	—	53	264	1	14	22	363
1956	2	4	4	5	60	363	2	41	18	499
1957	5	5	—	2	35	341	4	43	22	457
1958	2	2	—	11	24	204	5	120	34	402
1959	1	3	1	6	36	247	2	116	39	451
1960	1	—	4	3	42	299	1	62	35	447
1961	—	2	2	2	31	283	5	65	18	408
1962	2	2	—	3	21	247	1	99	22	397
Recommended for Special School:										
1953	2	1	1	3	32	99	—	16	7	161
1954	1	4	3	3	22	70	1	13	7	124
1955	3	4	2	—	41	61	—	10	7	128
1956	2	4	3	5	31	110	1	7	9	172
1957	5	5	—	2	22	78	4	16	12	144
1958	2	2	—	11	18	46	5	13	10	107
1959	1	3	1	6	30	48	2	12	7	110
1960	1	—	4	3	27	59	1	10	10	115
1961	—	2	2	2	21	71	5	15	9	127
1962	2	2	—	3	16	52	1	20	10	106

Report to Local Health Authority.—The Mental Health Act, 1959, which came into force on 1st November, 1960, amended Section 57 of the Education Act, 1944, and introduced certain changes in the law relating to children of the age of two years or more who suffer from a disability of mind rendering them unsuitable for education at school. The effect of these changes is broadly to extend the rights of parents, to amend legal procedure in some respects and to simplify some of the administrative arrangements.

The phrase "incapable of receiving education at school" is replaced by "unsuitable for education at school". The period in which the parent can appeal to the Minister of Education against a decision of unsuitability for school has been extended from 14 to 21 days.

The notice to the parents of the Local Education Authority's decision regarding their child must include a statement of the functions of the Local Health Authority for the treatment, care and training of the child and also a statement of the arrangements made by that Authority in discharge of those functions.

The parent has a new right to request a review by the Local Eductaion Authority of their decision and a right of appeal to the Minister where, after review, the Authority decide that a child is still unsuitable for education at school.

Sections 57(4) of the Education Act (Notification to the Local Health Authority of a child unsuitable for education in association with other children) and 57(5) (Notification of a child requiring supervision on leaving school) have both been deleted. The Local Education Authority can and do, however, pass to the Local Health Authority information on school leavers who are considered to require care and guidance.

During 1962, a total of 67 children was recommended for report to the Local Health Authority under Section 57 of the Education Act, as amended,—29 under sub-section 4 as being unsuitable for education at school and 38 as being in need of friendly supervision after leaving school. The comparable figures for 1961 were 24 and 25 respectively.

Unit for Handicapped Children.—This Unit was started by the Education Department in 1958 as an experimental class for handicapped children under school age, the main objects being to bring each child into contact with other children, to help them to get used to being out of their mother's company, to give the latter guidance in dealing with the children's management and to permit assessment over a prolonged period of the intelligence of borderline cases.

Originally held in County Council owned premises at No. 5 Belmont, Shrewsbury, the Unit moved in 1961 to the Claremont Baptist Church Hall, Shrewsbury, when the former premises were required for other purposes, and at 31st December, 1962, the number of children accommodated was 14, of whom 8 were suffering from cerebral palsy, 2 from hydrocephalus and spina bifida respectively and 4 from general backwardness. This integration of differing handicaps is deliberate, for the children help and stimulate one another.

Regular sessions are held in the Unit by a Physiotherapist, whose services are made available by the Birmingham Regional Hospital Board, and by one of the Council's Speech Therapists, whose comments on her work in the Unit are given below.

The stage has now been reached where further expansion without suitable accommodation is undesirable. Attempts to admit some very young children have failed for lack of space. At the other end of the scale, older children who are severely handicapped physically could, with advantage, be kept in the Unit a little longer before being placed in residential schools. To provide the necessary formal education in the present premises would, however, be impossible.

A large sum of money has been given to the Education Authority by the Carnegie and Sembal Trusts. This will be used to build a new Unit for Handicapped Children on a site in the Monkmoor area of Shrewsbury. Plans have been approved and it is hoped that the Unit will be completed for use in September, 1964.

The local branch of the Spastics Society has been more than generous and but for money given by them we would not have been able to provide the very desirable refinements, e.g., special chairs and tables. Indeed, this Society have been most sympathetic to any requests and have offered and given more than we have asked.

Commenting in the early Summer of 1963, the Teacher in charge of the Unit writes:

"Our present premises and the arctic weather in the Spring term have prevented the Nursery Group from further expanding its work this year, yet this has given us greater opportunity for meeting the children and their parents individually in their home environments. The weekly visits in the Spring term enabled me to deal more thoroughly with the problems besetting the parents, and since the Nursery has re-opened, all the professional

workers have realised that far more will have to be done to help the parents if the work of the centre is going to progress. We are constantly hampered by the results of over-protection by parents and relatives, resulting in the children demanding too much adult attention and lacking in initiative, persistence, independence and emotional stability.

Owing to the lack of out door playing space in our present premises we have attempted to take the children out whenever possible this year, but far more help is needed in this sphere. We have, however, managed visits to the Market, Pet Shop, 'Bus Station, 'Phone Kiosk, Quarry Gardens, and at Christmas to the Crib in the Square.

We were sorry our Nursery Helper, Mrs. M. L. Watkins, had to leave us, but the children are all delighted when she brings baby Paul to visit us. Mrs. Rowlands, our new helper, has settled in well and she and the children get on very well together.

We are now looking forward to new, temporary premises in September, which offer us well ventilated rooms and a garden for out-door play".

At the time of writing, the Unit is accommodated in a pre-fabricated classroom at the Monkmoor Girls' Modern School, which offers greater scope for expansion and greatly improved facilities.

Home Visiting by School Medical Officers.—It is in the field of the handicapped child that the School Medical Officer is offered the fullest scope and is increasingly being called upon by parents for advice.

Many years ago there was little provision for the education of the severely handicapped child. Today, the severity of the handicap is no bar to education, provided the child is intelligent.

In recommending a suitable form of education for a handicapped child, the ideal is to let the child continue to live at home and attend a day school, and with increasing opportunities for special educational treatment in the ordinary school this policy can often be adopted. Heads of schools accept quite severely handicapped children and great credit is due to the Class Teachers who care for these children. Nevertheless, before recommending ordinary school for a handicapped child, the effect that this may have on the child must be considered very seriously. As a general rule, a physically handicapped child will, provided the disability is not too severe, fit well into an infant class, but in the junior school the frustration caused by the handicap may outweigh the good done by keeping him at home and at this stage a special school may have to be considered. If appropriate special educational treatment cannot be provided in either ordinary school or day special school, then admission to a residential school has to be considered. The condition of educational subnormality is often not so apparent until the child has actually been in school for a time, and maladjustment may be delayed until the approach of adolescence.

A large proportion of the work of the School Health Service is concerned with the moral and social problems of the children as well as their health and educational progress and parents and school staffs must unite to help pupils to become healthy and responsible adults, taking their appropriate places in the community. Home is at all times the place where relationships are most powerful in shaping a child's personality; mental development and security depend upon and are influenced by the family background. It is in this sphere that the Medical Officer can help parents with the many problems to which a handicapped child is heir, advising them how best to use all that is available through the National Health and School Health Services.

The School Medical Officers are told about every handicapped child in their area, and should know in each case the degree of disability, the facilities available at local schools and, even more important, the Teachers, Educational Psychologists and Child Guidance staff with whom the case can be discussed. Registers of handicapped children can only fulfil their proper function if they are 'live' and not merely clerical records.

Medical Officers are expected to visit the homes of handicapped children as often as possible. Children with a major disability (blindness, deafness, epilepsy or mental handicap) and those who attend Residential Schools need more visiting than others. Contact must be maintained with the child during the school holidays and especially when he or she is due to leave the Special School and has to face the problem of unemployment as a disabled person.

"What is going to happen to me when I leave school ? " is a question which every handicapped pupil must be asking with great urgency when his sixteenth birthday approaches. The time of leaving school and taking one's place in the community is the most difficult and critical in the life of any young person and more so in the case of the handicapped for whom this transition period is beset with anxieties and difficulties.

To obtain and keep an occupation is of the greatest importance and this is the first opportunity the young person has of measuring himself with the outside world and discovering whether he will be accepted as a useful working member of the community.

It is distressing to find, therefore, that fairly often the first attempts to compete in the labour market are unsuccessful and this prompts young persons to ask whether they are being given all the assistance that could be marshalled on their behalf.

Some handicapped children may be immature in their outlook on life but with careful management can become reliable and conscientious workers in the more mechanical jobs which normal children find boring and give up after a short period. Any advice which Medical Officers can give to Youth Employment Officers in this respect is often vital to the interests of the handicapped child. Information relating to pupils who are substantially and permanently handicapped is passed from the School Health Section to the County Welfare Officer shortly before the pupils concerned attain school leaving age so that any necessary after-care, training, help and guidance may be given. In the case of children at Residential Schools within the County, after-care is carried out in close co-operation with the teaching staffs.

The following are the numbers of handicapped children in the various categories who received domiciliary visits. They are, of course, also seen in the schools and clinics and home visits are carried out as often as the Medical Officers consider necessary. As the figures show, many children were not visited at home in 1962, but it is hoped in the course of time to ensure that every child receives at least one domiciliary visit a year.

HANDICAPPED PUPILS REQUIRING HOME VISITING

	Pupils on list	*Visits made*
Blind	14	12
Partially Sighted	22	17
Deaf	10	8
Partially Hearing	45	51
Some Hearing Loss	42	18
Delicate	168	121
Educationally Subnormal	425	235
Epileptic	58	46
Physically Handicapped	185	167
	969	675

Special Residential Schools for Educationally Subnormal Pupils.—Special Residential Schools for children who are educationally subnormal are provided by the Local Education Authority separately for each sex—for boys at Petton Hall (92 places) and for girls at Haughton Hall (62 places). The pupils have intelligence quotients between 50 and 80 and stay until 16 years of age.

Because of the unsatisfactory condition in which some of the pupils were returning to the schools after holiday periods, Health Visitors make "follow-up" visits during each holiday to the homes concerned. This is primarily to establish a good relationship with both child and family and also to ensure that each pupil is receiving any necessary medical or nursing care and returns to school free from infection and infestation.

Supervision of School Leavers.—The importance of providing help, guidance and after-care for handicapped children leaving school has been dealt with on page 24 of this report. In 1959 special arrangements were made to deal with the problem of after-care for pupils leaving Petton and Haughton Hall Residential Schools.

Liaison between the Secretary for Education and Special Schools and the Youth Employment Service has always been very close, but it was agreed that it would be helpful if Health Visitors and Youth Employment Officers could, in suitable cases, visit the Special School before the child actually left and subsequently follow up each case at home to ensure that the child settles in employment and becomes satisfactorily adjusted to post-school life with its personal and social problems.

Health Visitors, in conjunction with the Health Department's Female Mental Welfare Officer, follow up suitable school leavers from Haughton Hall and maintain contact with them in the post-school period. Petton Hall school leavers are followed up by the Male Mental Welfare Officers.

SCHOOL REPORT OF THE PRINCIPAL DENTAL OFFICER

Mr. C. D. Clarke, Principal Dental Officer, writes as follows:

"My Report for 1961 presented a very gloomy picture indeed, and the remarks made to this effect by the Chairman of the Education Welfare Sub-Committee were quite justified. However, 1962 has seen a slight improvement in the general situation with regard to professional staffing, although I must stress the words 'slight improvement'.

At the beginning of 1962, we had 5 full-time and 4 part-time Dental Officers, making a whole-time equivalent of 6 3/11th officers. However, by the end of the year we had one more full-time officer, an increase of 7/11ths. That is why I stress the fact that there has been only slight improvement. It is interesting to note that two of the new officers who joined the service came from general practice. Both are young men, and both have expressed surprise at being allowed a fair degree of clinical freedom; in fact, being allowed to practise the profession for which they were trained, a luxury which is not very feasible under the present arrangements in ordinary general practice.

Why then such an overall staffing shortage in the School Dental Service ? Perhaps the most important reason is the rather poor image that Local Authority has in the eyes of those outside its service, and a subtle distrust of the salaried public servant, which lumps us together in a homogeneous mass under the term "they". "They" are always responsible for things that go wrong, but rarely for anything that goes right. Local Authorities could do with a good Public Relations Officer.

In the School Dental Service the standards were set by the rather utilitarian type of service that existed between the wars, when the major part of the work was carried out using portable equipment in classrooms, cloakrooms and inadequate and poorly equipped clinics. While the

Service was well staffed in those days, this was due largely to the fact that general practice was not too attractive. This situation changed over-night when the National Health Service came into being, with comparatively generous rewards for Dental Surgeons in general practice, and the School Service—quite unable to compete with such financial rewards—showed rapid signs of disintegration.

So, instead of progressing to a full comprehensive specialist service, it is still struggling to achieve a very deserved recognition, and that rather odd commodity "status".

What a different picture is seen in many other European countries, which have truly looked upon their younger generations as a priority class where dentistry is concerned, and have a well staffed and highly thought of School Dental Service.

The service in this country should be setting the pattern for good, high quality, comprehensive dental treatment, so that our future generations will come to accept good dental health as a natural and desirable state of affairs.

It must be placed on record, however, that while the staffing position has deteriorated there has been a great improvement in working conditions and equipment. Shropshire now has a number of modern dental clinics, comfortably furnished and fully provided with the best and up-to-date dental equipment. It is to the Authority's credit that the tools have been made available—what is now required is the manpower !

Dental Auxiliaries.—It is quite possible that during the experimental, I repeat experimental, phase of training dental auxiliaries, the General Dental Council will call upon us to employ one or two. In view of this I would like to draw attention to sections from a Memorandum issued by the British Dental Association concerning conditions of their employment.—

"*The Role of Dental Auxiliaries—*

Dental auxiliaries can never be substituted for dental surgeons and local authorities must be made to understand that they cannot be so regarded. It is obviously wrong, therefore, for any local authority to appoint auxiliaries other than as additions to the approved establishment of dental officers and chief dental officers are requested to draw the attention of their superior officers to this advice. Neither can the employment of dental auxiliaries by local authorities be held to justify a reduction in the establishment of dental officers, who will have additional duties and responsibilities imposed on them. As local authorities will be vicariously responsible for any negligence of dental auxiliaries in their employment, they should be advised to maintain an establishment of dental officers which is adequate to provide the proper supervision of the auxiliaries whom they employ. Chief dental officers must clearly advise their superiors and employers that the auxiliaries' scheme is purely an experiment and that the practical work which the auxiliaries will carry out in local authority dental clinics is a very important part of the experiment. The General Dental Council will appoint visitors who will inspect the work of the auxiliaries from time to time and regular reports will be required from the supervising dental officers".

The Dental Officer must be available at all times to supervise the work of the Auxiliary. In other words, there must be two adjoining surgeries with a full quota of equipment in each surgery. In Shropshire this might eventually, should the experiment prove successful, involve building extensions to clinics other than Shrewsbury and Newport.

Dental Health Education.—This side of our work is progressing very well. We have several good 16 m.m. films of our own, and there are ample facilities for borrowing others. After every school inspection the Dental Officer shows a film and gives a short talk, probably illustrating the main points with slides produced by the Dental Department. This, I feel, is most necessary, as it helps the children to appreciate the purpose of the dental examination as well as the necessity for good oral health. Many children think only of extractions when they see Dental Officers and must be shown that this is the last thing we wish to do, but that through neglect it is often the only treatment left. Many lectures have been given in the evenings to adult groups and Miss Smith, our Oral Hygienist, has done much work and given her time freely in this connection.

Some months ago we co-operated with the General Dental Council in a scheme to ascertain the effectiveness of certain dental posters. After the posters had been displayed for two weeks in the classroom, the children were asked to write an essay on Dental Health. Some of these were very enlightening and two written by children in one particular school are reproduced verbatim:

"You have two sets of teeth. First is the small ones called Milk Teeth. A boy have milk teeth but are not very strong and fall out when you are about seven or eight or nine. Second are the permenite teeth. These teeth are very strong and you have and set of 32. Third is teeth called False Teeth and are artifisiel".

"You should clean your teeth first thing in a morning after dinner and tea, before you go out anywhere and last thing at night to keep your teeth in peak condition. And you will get on a lot better and you will have a lot of friends and relations".

How important it is that we should have a well thought out Health Education programme !

Mobile Dental Unit.—This unit is proving very useful and is greatly appreciated by Heads of Schools.

Dental Officers divide their time between the Unit and their base Dental Clinics. Should it be located at a school approximately midway between two base clinics, the schools in that area are divided between two officers and the children from outlying schools are transported to the unit in manageable numbers. This arrangement helps us to cope more quickly with rural schools and ensures that the Unit is used to the maximum.

Delivery has now been taken of a new identical Unit, which will enable us to have one permanently in each half of the County.

Figures relating to the work performed in 1962 in the Unit are given below:—

Schools treated	8
Pupils inspected	561
Pupils referred for treatment	439
Pupils treated	293
Number of inspection sessions	4
Number of treatment sessions	106
Number of gas sessions	8
Fillings in permanent teeth	698
Fillings in deciduous teeth	91
Permanent teeth extracted	80
Deciduous teeth extracted	427
Other operations	74

General.—In order to give some idea of the overall dental situation in this County, we are, in conjunction with normal inspections, carrying out a survey which will give a good idea of the amount of work confronting the School Dental Service. This will show with reasonable accuracy the condition of children's teeth and the numbers getting comprehensive dental treatment through General Practitioners. It is hoped to publish the results in next year's report.

It is hoped also, in the coming year, to carry out a survey of periodontal disease amongst school children. Mr. Whitehouse at Bridgnorth Clinic is especially interested in this subject, and every encouragement will be given to him in his work on the survey.

Work done during the year (these figures *include* those relating to the Mobile Dental Unit):—

Number of pupils inspected by the Council's Dental Officers:		
(*a*) At periodic inspections		3,711
(*b*) As Specials		4,420
TOTAL		8,131
Number found to require treatment		6,882
Number offered treatment		6,882
Number treated		4,306
Number of attendances made by pupils for treatment (including orthodontics)		19,135
Half-days devoted to:		
(*a*) School Inspections	44	63
Inspection Sessions in Clinics	19	
(*b*) Treatment		2,570
Fillings: Permanent Teeth		10,076
Temporary Teeth		1,384
TOTAL		11,460
Number of teeth filled: Permanent Teeth		8,953
Temporary Teeth		1,289
TOTAL		10,242
Extractions: Permanent Teeth		2,828
Temporary Teeth		5,625
TOTAL		8,453
Administration of general anaesthetics		2,533
Orthodontics:—		
Cases commenced during 1962		190
Cases brought forward from 1961		358
Cases completed		100
Cases discontinued		98
Pupils treated by means of appliances		187
Removable appliances fitted		194
Fixed appliances fitted		33
Total attendances		2,108
Number of pupils supplied with artificial teeth		125
Other operations: Permanent Teeth		2,852
Temporary Teeth		470
TOTAL		3,322

Of the 190 orthodontic cases commenced during the year, 60 received orthodontic treatment from our own Dental Officers and of the 130 cases dealt with by the Consultant Orthodontists 86 were referred to the Dental Officers and treated with extractions.

Condover Hall School.—Under the provisions of Section 78 of the Education Act, 1944, all the pupils (approximately 80) of Condover Hall School for the Blind were dentally examined and treatment carried out as necessary.

C. D. CLARKE,
Principal Dental Officer.

REPORT OF THE SENIOR SPEECH THERAPIST

During 1962, Speech Therapy Clinics were held at the following Centres:

		Monday	Tuesday	Wednesday	Thursday	Friday
MR. E. PAULETT	Morning	Wellington C.W.C.	Eye, Ear and Throat Hospital	Copthorne Hospital	Eye, Ear and Throat Hospital	Condover Hall School for Blind
	Afternoon	Wellington C.W.C.	Overley Hall School for Blind	—	No. 1 Belmont, Shrewsbury	—
	Evening	—	Eye, Ear and Throat Hospital	—	—	—
MISS J. BELLIS	Morning	Albrighton Junior School Shifnal C.W.C.	Hadley Sec. Mod. School	No. 1 Belmont, Shrewsbury	Madeley C.W.C.	Bridgnorth C.W.C.
	Afternoon	Haughton Hall	Hadley Sec. Mod. School	—	Dawley C.W.C.	St. Mary's Junior School
MISS C. BROWNLOW	Morning	No. 1 Belmont, Shrewsbury	Church Stretton Infants' School Church Stretton Junior School	Newport C.W.C.	Ludlow C.W.C.	Market Drayton Junior School Market Drayton C.W.C.
	Afternoon	—	St. Michael's School, Shrewsbury	Newport C.W.C.	Ludlow C.W.C.	Market Drayton C.W.C.
MISS A. LEESON/ MISS J. HUGHES	Morning	No. 1 Belmont, Shrewsbury	Weston Rhyn Junior School Oswestry C.W.C.	Petton Hall	No. 1 Belmont Shrewsbury	Tilstock Junior School Whitchurch C.W.C.
	Afternoon	—	Oswestry C.W.C.	Kinnerley School	Sutton Lodge	Whitchurch C.W.C.
MRS. C. ALDRIDGE	Morning	Sundorne Infants' Shrewsbury	Handicapped Children's Unit	Handicapped Children's Unit	Handicapped Children's Unit	Handicapped Children's Unit
MRS. S. BOWEN	Morning	—	—	—	Oswestry Junior Schoo!	—
	Afternoon	—	—	—	—	—

CASES TREATED

On Register 1st January	New Cases during year	Cases Discharged during year	On Register 31st December
235	270	257	258

CASES DISCHARGED

Normal	Substantially Improved	Unlikely to benefit by further treatment		Left School or Ceased	Referred to Other Services	TOTAL
		Slightly Improved	Unimproved			
108	60	20	9	7	53	257

In a small number of cases, discharge is temporary and children can attend later for further treatment.

The following table gives particulars of the conditions which necessitated attendance of these 515 children who were given speech therapy during 1962:—

Condition	Cases Discharged during year	On Register on 31st December
Stammer	40	38
Cleft Palate	2	4
Severe Dyslalia	7	14
Nasality + or —	1	4
Dyslalia	158	151
Voice Defect	7	3
Mental Defect	4	11
Mongolism	2	4
Mutism or alalia	7	9
Partial Deafness	6	0
Educational Subnormality ..	7	2
Dysarthria	6	7
Mixed Defect	9	9
Language Defect	1	2
TOTAL ..	257	258

These totals include 23 children from three neighbouring Counties, the latter paying the Shropshire Education Authority for their treatment.

(*Note.*—The following definitions of some of the terms used in the table above may be of interest):—

Alalia: Absence of language and articulation in young children beyond the normal age range for the inception of speech.

Dyslalia: Defects of articulation or slow development of articulatory patterns, including substitutions, distortions, omissions and transpositions of the sounds of speech.

Dysarthria: Defective articulation arising from neuro-muscular conditions affecting muscle tone and the action of the muscles used in articulation, resulting in slurred, weak, laboured, explosive and other forms of distorted articulation and also inco-ordination of phonation, respiration and articulation).

In addition—

67 children made single visits to Centres for advice.

19 visits were made to individual homes.

25 visits were made to schools to see children and discuss cases with teachers.

In all, 515 children having regular treatment in the County made a total of 6,427 attendances.

Unit for Handicapped Children.—We are fortunate that this Unit (referred to on page 00) gives an opportunity for the study of a few children with disorders of communication and allows for a gradual diagnostic assessment to be made.

Two little seeds awoke one day,
As seeds will do in the month of May,
But lo, and behold, they had clean forgot
If they were carrots or beets or what !
At length they decided that they must needs
Call a council of sixteen seeds.
Some said onions or beets; but no,
Others said it couldn't be so;
Some said turnips or celery seeds;
Some said lettuce; and some said weeds.
Then a sunflower spoke: "It may be slow
But the way to find out is just to grow ! "

Nineteen children were dealt with during the year and eight were removed from the register, for the reasons indicated below, leaving eleven on the register at 31st December:

Substantially improved ..	1
Ceased to attend	6
Deceased	1

The conditions necessitating attendance for Speech Therapy were as follows:

	Cases discharged during year	On Register on 31st December
Defects associated with cerebral palsy	3	6
Dyslalia	1	—
Delayed speech and language development due to mental retardation and/or psychological factors	3	2
Mixed defects and cleft palate	1	—
Non-communication:		
(*a*) emotional	—	1
(*b*) possible neurological causes	—	2

In addition, 3 children made single visits to the Clinic for advice;

6 visits were made to individual homes.

Mrs. C. H. M. Aldridge has submitted the following report on the year's work at the Speech Clinic held at the Unit:

"Children seen at the Unit for Handicapped Children have presented a wide variety of speech disorders. Of the total number of children who attended the Unit during the year, only three were considered to have no speech difficulty.

Over half the children requiring Speech Therapy are handicapped by Cerebral Palsy. Their speech problems range from difficulty with only a few sounds, to complete absence of verbal communication.

Other children present a complicated picture of behaviour problems, backwardness and speech disorder. In these cases assessment of the speech problems is difficult and requires time. Attendance at the Unit enables the Speech Therapist to study these children in many situations, and offers more opportunity for close consultation with workers in other fields".

In January, 1962, we were fortunate to obtain the services of Mrs. C. H. M. Aldridge for four sessions each week, and she became the Speech Therapist responsible for the treatment of children attending the Handicapped Children's Unit. Later in the year she was also able to devote another session each week to work at a clinic set up in Sundorne Infants' School, Shrewsbury.

In May, Mrs. S. C. Bowen returned to work one clinical session each week at Woodside Junior School, Oswestry, but she resigned at the end of the year when she moved from the County.

In October, Miss A. Leeson resigned to take up another appointment, but she was replaced in the same month by Miss J. Hughes.

These frequent staff changes have an unsettling effect on the work of the Department and, naturally, on the progress of the children under treatment. Such staff changes do not result from dissatisfaction with working conditions. In a rural County like Shropshire life is not sufficiently lively for young people. There is also a proportionately high 'wastage' to matrimony, but most significant is the fact that appointments in Commonwealth countries offer salaries more commensurate with the work and responsibility involved.

The policy of increased co-operation with the schools has continued and it is pleasing to report that Clinics have been functioning in the following schools:—

Secondary Modern, Hadley
St. Mary's Junior and Infants' School, Bridgnorth
Junior and Infants' School, Church Stretton
St. Michael's Street Junior and Infants' School, Shrewsbury
Sundorne County Infants' School, Shrewsbury
Junior School, Market Drayton
Junior and Infants' School, Weston Rhyn
Junior and Infants' School, Kinnerley
Junior and Infants' School, Woodside, Oswestry
Junior and Infants' School, Tilstock
Haughton Hall Special Residential School
Petton Hall Special Residential School

With a full establishment of Speech Therapists it might be possible for every school to be visited at regular intervals. All teachers appreciate advice about children with speech defects. I wonder how many teachers agree with the sentiments expressed in a pamphlet issued by the National Union of Teachers called "The Education of Maladjusted Children", in which it is stated that "Stutterers", among others, should not be "tolerated" in the normal class ?

There may be many reasons why a child does not speak and the following story has many implications:—

A boy, nearly six years of age, having never been heard to speak, was referred to a Specialist Clinic.

Halfway through the interview the group were given tea. Suddenly, the boy cried out,

"Hey, Ma ! There's no sugar in this tea ! "

His mother immediately demanded why he had left it until now to speak his first word, making her look such a fool.

He replied, "Well, I've never had anything to complain about before ! "

E. Paulett,
Senior Speech Therapist.

DEAFNESS

Handicapped Children : Loss of Hearing.—Deafness is likely to cause more distress to the individual concerned than any other physical defect and in children can be the gravest handicap to educational progress. Unless detected and specially cared for at an early age, a child with defective hearing is unable to make satisfactory progress in school, is liable to become frustrated and troublesome or may be considered dull and backward. He may even in extreme cases be deemed unsuitable for education at school. Defective speech frequently accompanies, and may be the first thing to suggest, defective hearing.

Excluded from a full understanding of the spoken word, the deaf child cannot easily appreciate motives for actions which can be explained to the hearing child in a moment, and his limited knowledge of the minds of others makes it easy for him to misinterpret their behaviour. It is difficult for him to understand his fellows and it is easy for them to misunderstand him.

As with all types of handicap, the first essential is early diagnosis—that is, at the earliest moment in the case of those born deaf, or as soon as possible after any illness or injury which affects the ear or auditory nerves. In children with normal intellect it is now possible by simple methods to detect deafness even in a child below the age of 12 months, and a surprising amount of satisfactory auditory training can immediately follow such detection.

Detection of Deafness.—"Audiology" is the science of hearing. "Audiometry" is the measurement of hearing by quality and quantity. "Sweep testing" refers to a sorting-out test which indicates a child's capacity to hear sounds at different pitches, sweeping through the range of normal hearing from the lowest note to the highest and at various intensities.

In children of normal intelligence it is possible, by simple methods, to detect deafness at as early an age as eight months. Babies are tested by the "Distraction Method", whereby baby sits on mother's knee facing the operator, who watches the child's reactions while interesting the child with toys, etc. The tester moves quietly at the back of the child and, speaking in a modulated voice and using special rattles, cups and spoons, tests each ear in turn.

Children in school are tested by the "sweep frequency" method of audiometric testing, using a light-weight, portable, transistorised audiometer.

Deafness in Infants.—With emphasis on early detection and for the provision of auditory training and hearing aids, special attention is given to infants in the "at risk" categories at birth, namely, children born of mothers who have had a history of—

(*a*) Congenital deafness.
(*b*) Rubella or other virus infection in pregnancy.
(*c*) Threatened abortion or antepartum haemorrhage.
(*d*) Hyperemesis of pregnancy.
(*e*) Toxaemia of pregnancy.
(*f*) Diabetes, Rhesus Negative blood (*with antibodies*), complicated, precipitate or prolonged labour.

In addition to the above:—
(*g*) Children who suffered cerebral damage at birth, neonatal jaundice or anoxia.
(*h*) Premature babies and twins.
(*i*) Physically handicapped children.

Children who later develop any of the following conditions are also given special attention:
(i) Otitis media, or any ear disease.
(ii) Any meningococcal infection.
(iii) Speech defects.
(iv) Spasticity.
(v) Backwardness.

The Consultant Paediatricians also tell us about any infants in their care, e.g., infants given exchange transfusions because of Rhesus incompatibility.

Arrangements have been made for all Health Visitors to notify details of "risk" babies and during 1962 a total of 250 was notified and placed on the "at risk" register. When these children attain the age of eight months they are tested at a clinic operated by Health Visitors who have been specially trained in Audiometry at Manchester University. During the year two more Health Visitors were so trained, bringing the number to four.

Sessions have been held in various parts of the County and during the year 144 children between the ages of 8 months and 5 years were tested, of whom 35 failed to pass the screening test. Of these—

8 passed the retest.
20 were awaiting retest at the end of the year.
4 were referred to the Audiology Clinic for investigation.
1 was referred to the Aural Surgeon and subsequently issued with a hearing aid.
1 moved to an unknown address.
1 was discharged, as the mother refused a further test. This child will be followed up.

It is estimated that about 1,000 children each year will be "at risk" and it is hoped, with adequate staff, to test all these before their first birthday. It has been suggested that *all* children under one year should have a hearing test, but with births in Shropshire of the order of 5,000 per annum or more and a shortage of trained staff it would be impossible to undertake this work.

Deafness in School Children.—Audiometry is being used increasingly to ascertain degrees of deafness and, as a result of evidence obtained from experiments and trials over the past ten years, the Medical Research Council's Committee on the Educational Treatment of Deafness have recommended the adoption of the "sweep frequency" method of audiometric testing.

"Sweep testing" is carried out in schools by two members of the clerical staff, trained in the use of portable audiometers, and all new entrants and eight-year-olds in Primary Schools and any others referred by the Heads as backward or possibly deaf are tested.

The following table indicates the results of sweep tests carried out in 1962:—

SWEEP FREQUENCY TESTS PERFORMED

Category	Tested	Normal	Hearing Suspect			
			One ear		Both ears	Total
			R	L		
Primary school children ..	3,233	2,774	183	165	111	459
Suspected deafness ..	145	89	18	20	18	56
Backwardness	106	86	7	7	6	20
Speech disorders	12	11	—	1	—	1
TOTAL ..	3,496	2,960	208	193	135	536

During the year the first survey of all primary schools in the County, started as a pilot scheme in 1957, was completed, and a second survey started towards the end of the year. It is hoped in future that all entrants and the eight-year-old group will have a test each year, and to this end a second Clerk/Sweep tester commenced operations during the year, giving a total of four days testing each week while the schools are open.

Mr. N. Rushworth, Clerk/Sweep Tester, undertaking a sweep testing session in a Primary School

Those children who fail the "sweep" tests are referred in the first instance to the Health Visitor's clinic where they are tested with the pure tone audiometer. Any who fail this test, or who are for any reason suspect, are then referred to a doctor's Audiology clinic.

In the early months of 1963, the numbers of children awaiting hearing assessment (325 pre-school and 1,270 school children) and the problem of allocating more of the time of the trained Health Visitors to this work or of training more, resulted in the Local Education Authority agreeing to sponsor the Council's Senior Speech Therapist for training for the Diploma in Audiology. After qualification, he will be responsible for the co-ordination of the deaf and partial hearing services in the County, working with the Health Visitors and the Teacher of the Deaf.

Audiology Clinic.—Clinics for the further investigation of children suspected of having hearing loss are held regularly at the main Child Welfare Centres throughout the County, according to demand, by two of the School Medical Officers, Dr. Mackenzie and Dr. Capper, who have been specially trained for this work.

In addition to children discovered at Welfare Centres, Schools and through sweep testing, other cases are referred direct by School Medical Officers, Health Visitors, Speech Therapists, Heads of Schools, Medical Practitioners and Hospital Specialists.

During 1962, a total of 61 clinics was held and 795 children received hearing tests, with results as indicated below. Children tested included those referred for further investigation following sweep test failure (as shown in the table above) as well as those referred direct as indicated in the preceding paragraph.

Results of Tests at Audiology Clinics

Category	Tested	Hearing normal	Decision deferred	Hearing Suspect				Total
				One ear		Both ears		
				Severe	Moderate	Severe	Moderate	
Pre-school	14	9	4	—	1	—	—	1
Primary School 5—11 years ..	706	402	86	7	72	13	126	218
Secondary School 11—18 years	75	37	2	10	8	2	16	36
Total ..	795	448	92	17	81	15	142	255

Hospital Specialist Otolaryngologists.—The closest co-operation exists between the Health Department and the Ear, Nose and Throat Surgeons to whom any childern requiring treatment are referred. During the year, 59 children found at the Audiology Clinics to have defective hearing were referred in this way.

Hearing Assessment Clinics.—At fairly frequent intervals, special hearing assessment clinics, at which child and parents can be seen at the same time, are held at the Unit for Partially Hearing Children at Coleham Junior School, Shrewsbury. These clinics are attended by Mr. E. N. Owen, Aural Surgeon, Eye, Ear and Throat Hospital, Shrewsbury, Dr. N. V. Crowley, Senior Medical Officer, who is especially concerned with all deaf children in the County, Mrs. E. M. J. Bell, Teacher of the Deaf at Coleham Junior School, Mr. E. Paulett, Senior Speech Therapist, an Educational Psychologist (whenever required) and the specially trained Health Visitors.

Children attending these clinics are all suffering from defective hearing and before a decision is reached regarding the provision of special educational treatment and hearing aids, etc., each case is thoroughly assessed by the Specialists in attendance and the decision arrived at in each case is, therefore, the very best in the interests of the child. One assessment is not always sufficient and two or three attendances may be necessary in some cases before a decision is reached.

During the year, 41 children attended these clinics and the provision of a "Medresco" (National Health Service) hearing aid was recommended in 15 cases which were originally referred as follows:—

2 by the Aural Surgeon
5 by the School Medical Officer
3 by the Health Visitor
5 having failed the Sweep Test at school

In certain special cases which are mainly concerned with high frequency deafness, it is considered necessary that Commercial aids should be provided and three such aids were purchased by the Local Education Authority for school child patients, after consultation with the Aural Surgeon.

Training for children and parents in the use of hearing aids is given in suitable cases by Mrs. Bell and the specially trained Health Visitors.

Class for Children with Partial Hearing.—Mrs. Bell, Teacher of the Deaf, describes her work below:—

"During 1962, the educational provision for partially hearing children in Shropshire expanded and developed within the following existing framework:

(1) Special class attached to Coleham School, Shrewsbury.
(2) Individual tuition.
(3) School visits.
(4) Home visits.
(5) Special assessment clinics.

One fully qualified teacher of the deaf, together with a teacher on temporary appointment, maintained these services until the return in September of the second permanently appointed teacher who had, by then, completed successfully her year's training in the Department of Audiology and Education of the Deaf at Manchester University.

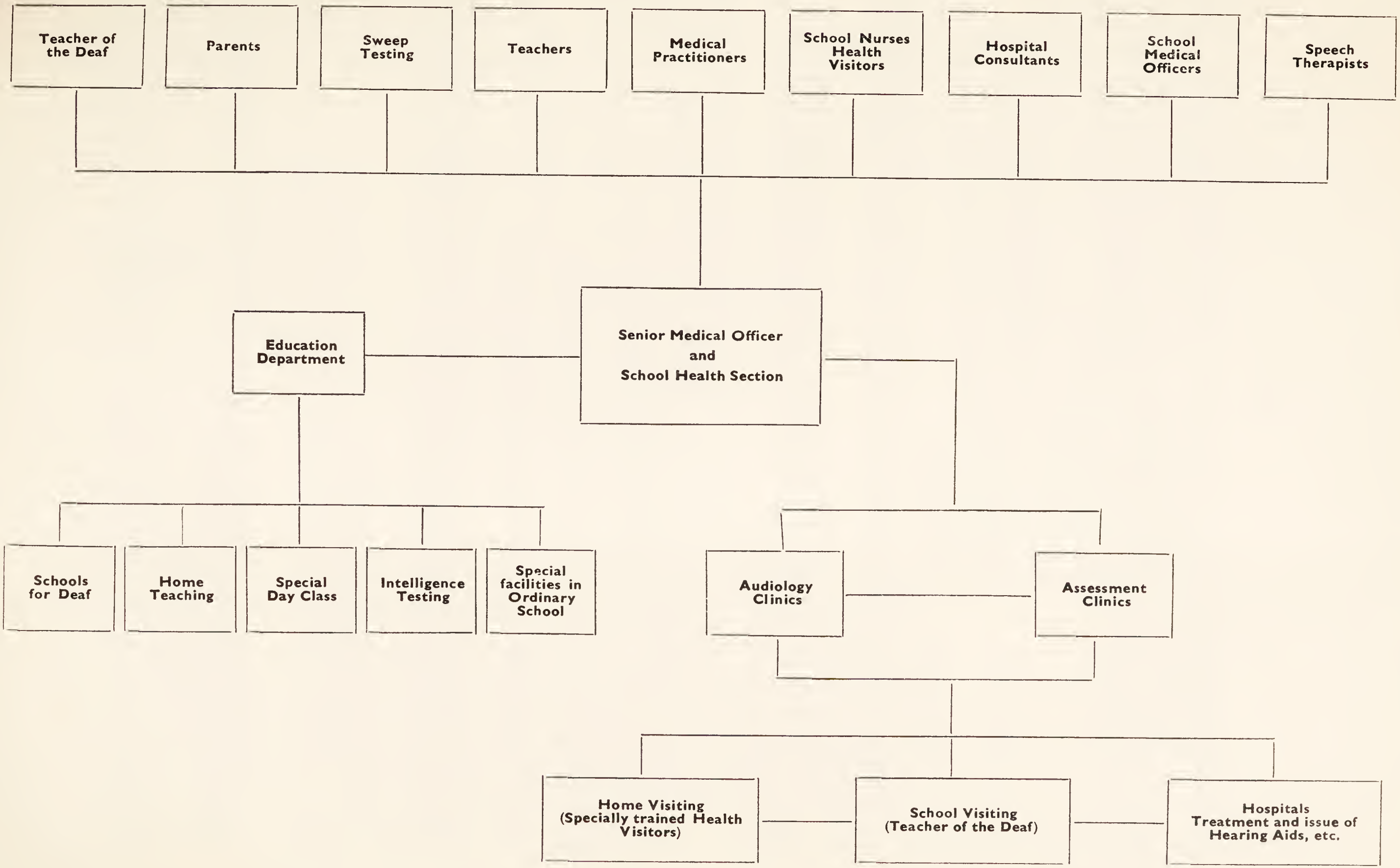
Special Class at Coleham School.—This class aims at providing special educational treatment for children with impaired hearing within the framework of the normal school.

The teaching involves the use of modern amplifying equipment and includes, in addition to the normal subjects, special training in speech and oral communication. The children in the special class mix at work and play with the other children in the school, and by this balance of integration and specialist teaching are given the very necessary opportunity to progress socially as well as in learning skills.

The normal child is also given the opportunity to understand something of the problem of deafness, and to develop tolerance, sympathy and patience, which are not only of value in themselves, but may eventually contribute to a wider understanding of this handicap.

The success of this form of educational provision is dependent on the co-operation of the headmaster and staff of the main school. At Coleham this has always been most generously given.

The diagram below illustrates the numerous sources from which cases of deafness are referred to the School Health Section and the various ways in which they are dealt with according to individual needs.



Children in the Class:

January, 1962	..	9 pupils
March, 1962	..	1 admitted full-time 5 admitted part-time Numbers varied between 10 and 15
May, 1962 ..	..	2 joined ordinary class at Coleham School 1 admitted to Residential School 4 admitted full-time to class 2 admitted part-time Numbers varied between 11 and 13
September, 1962	..	2 admitted to ordinary class at Coleham School 2 admitted full-time 1 transferred to Petton Hall and 1 to Apley Park School, after one term in ordinary class at Coleham School
December, 1962	..	11 full-time pupils

Individual Tuition.—This is given at home, at school or at a centre. It is provided for children not suitable for admission to the special class owing to age or distance, but who are in need of supplementary teaching.

Eight children, with an age range of 2 to 11 years, have received teaching of this kind, and three of them have subsequently been admitted to the class at Coleham on reaching school age. The early pre-school training they had received enabled them to fit into the class easily, although the deafness, in two cases, is severe.

Visits to Ordinary schools are made by a Teacher of the Deaf for the following purposes:—

(i) to assess the difficulty the child may be experiencing at school on account of his deafness. The objective measurement of deafness, though very useful, is not in itself a sufficient guide to his educational problem. Temperament, intelligence and the acoustic conditions of the school can also affect progress. Some slightly deaf children are very retarded; other more severely deaf children maintain good progress. It is essential to assess each case individually, and to test the child's ability to hear speech in his normal classroom conditions.

(ii) To ensure that a child who uses a hearing aid at school is trained to manage it and that teachers are given some guidance in understanding the problem.

(iii) To ensure that the child is maintaining satisfactory progress in a normal class. This involves periodic re-visits to the school, discussion with teachers and speech testing in classroom conditions. This branch of the work with children with defective hearing has expanded considerably during the year, as the following figures show:—

School Visits (1961 figures in brackets):

Number of children visited only at school	122	(48)
Number of children visited at both home and school ..	22	(17)
	144	(65)

A significant fact is the increase in the number of visits made after the return of the second qualified Teacher of the Deaf in September:

Visits—January to August	60
September to December	140
	200

Home Visits.—Home visits are made to give training to the child and guidance to parents, and to assess the degree to which deafness is affecting the child in his home life.

This is a vital part of the service for deaf children, as it is rare for a deaf, or partially hearing child to develop to his full potential without the fullest co-operation and understanding at home, and the lack of family understanding has, in some instances, been the deciding factor in recommending residential education.

Home Visits (1961 figures in brackets):

Number of children visited at home only	6	(3)
Number of children re-visited at home	17	
Total home visits	45	

Statistical Summary:

Statistical Summary:

Visits made in 1962:		
School visits	200	245
Home visits	45	
Children visited in 1962:		
Visited at school	122	150
Visited at Home	6	
Visited both at home and school	22	
Seen at Special Assessment Clinic	44	
New cases dealt with under all provisions	102	

CHILD GUIDANCE SERVICE

Mr. J. L. Green, County Educational Psychologist, gives the following account of the work carried out by the Child Guidance Service during 1962:—

"The Child Guidance team consists of one Consultant Children's Psychiatrist, two Educational Psychologists and one Psychiatric Social Worker.

Dr. Barbara Evans, Consultant Psychiatrist, has been working four sessions weekly since 1961 and although the beneficial effects of more continuous psychiatric help are obvious, this is still not adequate to meet demands. In addition to this sessional work, she makes regular visits to Trench Hall School for Maladjusted Children.

This restriction of psychiatric services makes it necessary to weigh the needs of severely disturbed children for long-term therapy against more intensive short-term help for children less disturbed. It seems unfortunate that staffing shortage should be a factor to be considered in the management of these problems. Many situations causing temporary tensions are helped by the Psychologists and Psychiatric Social Worker.

It is clearly difficult to assess the effect of long term treatment, but some general criteria may be used for estimating the success of the service. For instance, one knows whether there is a return of signs of stress in the child under treatment, and one can also judge the degree of all round development.

Mention was made in the report for 1961 that new cases of school phobia continued to arise. This has been the situation in 1962, although the number of cases does not appear to be increasing. It is encouraging to report that all cases dealt with have returned to school.

The School Psychological Service continues to work closely with teachers of children who have severe learning difficulties, which often conceal underlying emotional problems. Some of these cases have to be referred for full Child Guidance investigation.

The main difficulty on the clinical side is to cope with the pressure of demands upon the service. There is always a long waiting list, which is unfortunate since where a child can be seen quickly after referral, tensions are sometimes eased and problems prevented from worsening. Every effort is made to give priority to urgent cases.

It will be noted from the tables following that there has been an increase in the number of referrals from private doctors. This, in fact, means that we have more cases of children with psychosomatic disorders and, in particular, increased demand on the Psychiatrist's time.

There is a happy relationship between the Children's Department, Probation Service and the other social agencies and the Child Guidance Clinic".

Summary of work done during 1962 (figures for 1961 in brackets):

Total number of new referrals	210	(201)
Total number of new cases seen	124	(141)
Unco-operative	11	(9)
Awaiting appointments	65	(51)
Old cases still requiring help	44	(37)
Sources of referral:		
Head Teachers	29%	(31%)
Private Doctors	21%	(12%)
County Medical Officer of Health	27%	(34%)
Parents	8%	(7%)
Probation Officers	2%	(4%)
Miscellaneous, e.g., Children's Department, Psychiatric Hospitals, Education Welfare Officers, Speech Therapists, N.S.P.C.C., Health Visitors	13%	(12%)
Reasons for referral:		
Behaviour difficulties such as aggressive behaviour, severe temper tantrums, truancy, pilfering	31%	(34%)
Nervous conditions such as night terrors, anxiety conditions, stammering and timidity	33%	(26%)
Physical disorders, e.g., day or night enuresis, soiling, failure to eat or sleep normally	23%	(23%)
Failure in school. Difficulties either in specific subjects, general behaviour or general attitude to work	11%	(15%)
Miscellaneous reasons: vocational guidance, advice re adoptions, reports to Magistrates	2%	(2%)
Number of cases seen by Psychiatrist	78	(60)
Number recommended for admission to Schools for Maladjusted Children	20	(15)

B.C.G. VACCINATION OF SCHOOL CHILDREN

B.C.G. vaccination against Tuberculosis is available, with parental consent, to:

(*a*) school children in the year preceding their fourteenth birthday;

(*b*) children of 14 years and upwards who are still at school and students at universities, teacher training colleges, technical colleges and other establishments for further education; and

(*c*) whole school classes, which may include a few children under 13 years, for convenience.

The following are particulars of schools visited for B.C.G. vaccination purposes during 1962, with comparative figures for 1961:

	Maintained and Grant-aided Schools		Independent Schools		Total	
	1961	1962	1961	1962	1961	1962
Schools visited	76	61	25	33	101	94
Children tested	4,337	3,579	592	535	4,929	4,114
Reactors—positive	484	365	102	85	586	450
—negative	3,637	3,059	488	447	4,125	3,506
Not read	216	155	2	3	218	158
Children vaccinated	3,595	2,996	473	436	4,068	3,432
Negative reactors not vaccinated	42	63	15	11	57	74

The acceptance rate for B.C.G. vaccination for 1962 was 94 per cent.

Special surveys were made at twenty schools where children had been in contact with a known case of Tuberculosis:

	Tested	*Positive Reactors*	*Negative Reactors*	*Not Read*	*Negative Reactors Vaccinated*
Children (all ages)	249	39	188	22	—

The negative reactors were pupils under 13 years of age and therefore too young for vaccination. All children will be retested and vaccinated where necessary when they reach 13 years of age.

Mass Radiography.—Appointments for chest X-ray by Mass Radiography are offered to all positive reactors and also to the home contacts of children who have large positive reactions (20 mm. or more). The table below summarises the results of these investigations by the Stoke-on-Trent and Wolverhampton Mass Radiography Units.

	Pupils	*Home Contacts*	*Staff*
Cases investigated	637	122	69
Recalled for large film examination ..	8	2	—
Cases of Tuberculosis discovered	—	—	—

(Included in the above figures are 103 children and 19 staff from the schools at which special surveys were made. One child was recalled for large film examination).

DIPHTHERIA IMMUNISATION

Routine Medical Examination Sessions in school give the School Medical Officers opportunity to check on the children's state of protection against Diphtheria, to urge the importance of immunisation and to get parental consent to its promotion and maintenance. School Nurses, Health Visitors and District Nurses, who in the course of their duties discover school children who have missed immunisation, also endeavour to obtain the necessary parental "consents". Propaganda methods, including the display of posters and advertisements in the press, are also used from time to time to remind the public of the importance of immunisation.

During 1962, the total number of children *of school age* who were primarily immunised was 387; of this number, 250 were treated by School Medical Officers and 137 by general medical practitioners.

Children immunised against Diphtheria in infancy should have a reinforcing injection after an interval of three or four years and School Medical Officers at routine medical inspections advise this in appropriate cases.

Of 1,933 school children re-immunised, 1,260 were dealt with by the School Medical Officers and 673 by general medical practitioners.

The estimated school population of the County in 1962 was 47,500 and of these 36,544 (or 76.9 per cent) were known to have been immunised against Diphtheria; 16,152 (or 34.0 per cent) could be regarded as completely protected by having been immunised within the last five years.

The effects of the immunisation campaign are demonstrated by the following table showing the incidence of, and deaths from, Diphtheria among persons of all ages in the County during the past twenty years:

		1943—47	1948—52	1953—57	1958—62
Notifications ..	Total	112	9	—	1
	Annual average	22.4	1.8	—	0.2
Deaths ..	Total	11	1	1*	—
	Annual average	2.2	0.2	0.2	—

*Death of elderly woman, assigned by Registrar-General; C. diphtheriae not found.

VACCINATION AGAINST SMALLPOX

During the year, 4,372 children *between the ages of* 5 *and* 14 *years* were vaccinated against Smallpox. Of this number, 1,094 vaccinations were performed by School Medical Officers and 3,278 by general medical practitioners.

In addition, 4,460 children were re-vaccinated, 820 by School Medical Officers and 3,640 by general practitioners.

VACCINATION AGAINST POLIOMYELITIS

New applicants for vaccination against poliomyelitis continued to come forward, although on a smaller scale. The response in the younger age group, i.e. up to 15 years, has been exceptionally good. Older children were again offered appointments to attend at evening clinics while the younger ones attended at ordinary child welfare clinic sessions or at special day-time sessions.

At the commencement of the year, Salk type poliomyelitis vaccine was in short supply, and during March the Ministry of Health released supplies of Sabin (Oral) vaccine, which is administered either on lumps of sugar or in sugar syrup. Primary immunisation consists of three doses given at intervals of 4 to 8 weeks.

If protection is begun with two injections of the Salk vaccine, it can be completed within twelve months with two doses of Sabin vaccine, which can also be used for fourth doses after initial courses of either vaccine.

The following are details of children who completed a full primary course of either vaccine during 1962. It will be noted that separate figures are given for those in the 15—18 age group, which includes pupils at grammar schools, technical colleges, etc.

Vaccinated by	5—14 years	15—18 years	Total
County Council Medical Officers	2,660	393	3,053
General Practitioners	630	171	801
TOTAL ..	3,290	564	3,854

Fourth doses were again made available to children on entering school (normally at the age of 5 years) and also to children between 5 and 12 years of age. In 1961, the Minister of Health had been advised to take this action by the Joint Committee on Poliomyelitis Vaccination, on the grounds that while three doses of vaccine give a high degree of protection, children in school are considered to be at markedly greater risk.

A total of 3,873 school children received fourth doses during the year and, of these, 3,354 received their doses from County Council Medical Officers while the remaining 519 were dealt with by General Practitioners.

HEALTH EDUCATION

The term "Health Education" covers a wide field, some sections being perhaps more specialised than others. Schools promote physical and mental health by teaching games and physical education, and more academic and practical subjects in classroom and workshop, and by many extra-curricular activities. Within this educational framework there is a place for the medical and dental educational services and the Department tries to fill it as and when the necessity arises.

During the year, in the course of their normal duties, School Medical Officers, Dental Officers and Health Visitors visit schools in the County and give talks on health subjects. Junior schools are not visited as a routine but only at the request of the Head. When requested the Department's Officers are prepared to tackle special needs or current problems in the course of these talks. Visual aids, films, filmstrips, slides and flannelgraphs, together with leaflets and posters or display panels are provided. This applies to all schools, whether or not they are equipped with projection and "blacking out" facilities.

Apart from normal routine addresses by Medical Officers, Dental Officers and Health Visitors, special talks supported by films, strips and slides have been undertaken in 16 schools (7 Modern, 9 Junior) to 3,257 pupils, on subjects such as Home Safety (1 Modern, 2 Junior: 387 pupils); Smoking and Health (4 Modern, 1 Junior: 1,400 pupils); Dental Health (2 Modern, 7 Junior: 1,055 pupils).

In addition, at one Modern school, a Health Visitor has carried out the Mothercraft training of six groups of older girls during nine sessions in each of three school terms, and in another Modern school another Health Visitor devoted two sessions to this type of instruction. Two Parent-Teacher Associations requested and were given a Dental Health programme illustrated by slides and supported by films. In one Girls' Modern school, the leavers received a special programme devoted to the problems of venereal disease. In another Modern school, the School Nurse gave instruction in Child Welfare to 15 girls as preparation for the Duke of Edinburgh's Award.

Needs vary with localities. This is a brief indication of the ways in which the staff of the Department, with the co-operation generously given by the Teaching staffs, can help to meet the requirements of schools in the County, as well as reflecting the volume of special assistance sought.

Smoking and Health.—Research and statistics prove that there is an association between smoking and lung cancer and wide publicity has been given to this subject by the fairly recent authoritative report of the Royal College of Physicians. Smoking does not inevitably cause lung cancer in every case, but it is undoubtedly and beyond all argument the principal known factor in lung cancer and bronchitis.

Young people are very interested in this problem and welcome information, but we cannot yet counteract the increasing barrage of advertising to which they are subjected in newspapers and on the television and, gravest of all, by the bad example set by adults who parade their own folly by perpetuating smoking as a social habit.

The time is now long overdue when a concerted move by responsible members of the community, both medical and lay, should be made with a view to restriction to advertisements relating to cigarette smoking.

Education about appraisement of advertisements:

Some explanations of the elementary psychology and the motivation and fallacies of commercial advertising are well within the competence of school children and teenagers to understand; and some discussion of this subject is a necessary educational exercise.

Through the School Health Service we endeavour to discourage smoking amongst school children, both by personal example and the dissemination of information, and School Medical Officers are expected to take every opportunity of pointing out to children the ill-effects of indulging in habits which are calculated to undermine good health.

We have an illustrated programme about smoking and health which was given to a number of schools by our School Medical Officers in 1962 (see under "Health Education" on page 43) and discussions on this subject will be initiated willingly if the Head of any school specifically makes such a request.

PHYSICAL EDUCATION

The following report on Physical Education has been provided by Mr. J. W. P. Beswick, Physical Education Adviser:—

"The Shropshire School Sports and Athletics Association hold meetings, tournaments, rallies and inter-area competitions at all age levels for all types of games (tennis, rounders, cricket, hockey, netball, basket-ball, badminton, association and rugby football, golf) and sports (athletics, swimming and life-saving).

Individual schools have widened their curricula to include such activities as riding, cycling, sailing, canoeing, roller-skating and gliding, as well as judo, mountaineering, map-reading and light-weight camping.

The Duke of Edinburgh's Award continues to attract entrants from more and more schools. There were more than 500 participants from Shropshire in the scheme last year and 12 boys received gold awards at Buckingham Palace.

As a result of several courses in modern educational dance held throughout the County, more schools have "dance" as a regular lesson. More schools also enjoy swimming lessons, as a result of the swimming baths at Ludlow being covered and able to be used for two terms, and the Whitchurch baths remaining open until Christmas.

During the year physical education courses held in 20 centres throughout the County attracted an attendance of 95 per cent of physical education teachers. This, with subsequent follow-up by the Advisers, should lead to a general rise in physical education standards. Some schools, however, do not find modern physical education easy when their one and only facility is a very small playground. Halls are hired wherever possible, but nothing can replace a school's own hall and playing field if real standards are to be achieved.

The Arthog Field Centre and Summer Camp was kept open in 1962 from April to September. Some 829 pupils and 59 staff from 22 schools attended in term-time. During August, the Children's Department of the County Council and some primary schools used the site as a recreation centre. In the six months period of opening, the total attendance was 1,038 pupils and staff.

With the advent of a full-time warden, it is now possible to carry out project work in history geography, geology, weather lore, surveying, botany, marginal farming and social studies, and, adventure projects in sailing, canoeing, pony trekking, scree and fell walking, mountaineering, rock climbing and expeditions.

Note.—All the children attending the Summer Camp at Arthog are examined before admission—initially by the local School Nurse and immediately prior to departure to camp by a School Medical Officer—and must be certified free from infection and verminous infestation before being allowed to proceed.

Arrangements are made with a local medical practitioner to provide medical services at the camp when needed.

SCHOOL CANTEENS

Medical Examination of Staff.—In order to ensure as far as possible that those engaged in the School Meals Service are not suffering from, or carriers of, infectious diseases, liable to be transmitted by contamination of the food served in the canteens, the medical examination of canteen staffs is carried out at least once a year, and new entrants to the service are examined as soon as possible after appointment and also given chest X-ray examinations. Ideally, they should be examined before commencing employment, but often the worker's services are urgently required and prior examination is not considered possible.

These medical examinations are directed towards establishing the cleanliness of the person, clothing and hands of those employed in the preparation or handling of food; and the absence of infectious conditions such as septic skin lesions, discharging ears and chronic catarrh and other conditions such as eczema or other forms of dermatitis.

If on initial examination an employee is found to have a history or shows symptoms of intestinal disorder, arrangements are made for specimens of faeces, and if necessary urine, to be submitted to the Public Health Laboratory, Shrewsbury, for investigation.

The following particulars give some indication of this work during the year:

KITCHENS AND SCHOOL CANTEENS

Premises		Personnel Employed				
		Supervisors	Cooks	Helpers	Others	Total
Central Kitchens ..	12	22	30	86	16	154
Self-contained Canteens	129	—	169	427	118	714
Canteens for dining only	185	—	—	344	158	502
TOTAL ..	326	22	199	857	292	1,370

During 1962 a total of 1,280 examinations of canteen personnel (277 initial and 1,003 re-examinations) was carried out.

In three cases it was necessary to arrange for special chest X-ray examinations and the results in all these cases were satisfactory. X-ray examinations are made when the Mass Radiography Unit is in the area, or can be arranged specially at the request of the Medical Officer.

In three further cases, employees were suspended from duty suffering from skin conditions, but were allowed to resume after these had been treated successfully. One employee who had been suffering from food poisoning was permitted to resume duty after a series of faecal specimens submitted for bacteriological examination had proved to be satisfactory. A case of cardiac insufficiency was referred to the family doctor who was subsequently satisfied that the patient's condition was satisfactory. Two canteen workers who were contacts of cases of infectious disease were suspended from duty for the appropriate period recommended in Ministry of Health Regulations.

This scheme has also been extended to include personnel engaged in the preparation and handling of foodstuffs at the Boarding Schools and Hostels in the County and during the year 55 such examinations were carried out by the School Medical Officers.

SANITARY CIRCUMSTANCES OF THE SCHOOLS

In 1954 School Medical Officers completed comprehensive inspection reports on all the school premises in the county making notes on the sanitary arrangements, water supply, washing accommodation, canteens, heating, lighting and ventilation. On the occasion of each annual routine medical inspection the premises are re-inspected and matters which require attention or investigation are referred to the Secretary for Education with a view to their being dealt with by the Education Works Committee.

GENERAL

Meals.—School canteen meals are available at 1/- per head (free in necessitous cases) for one hundred per cent of children attending school; 65.9 per cent were having school dinners at a census taken in September, 1962; in September, 1961, the figure was 63.8 per cent.

Milk.—Milk is supplied free of charge in all schools and a census taken in September, 1962, showed that almost 75 per cent of the children were drinking it.

Quality of Milk Supplies.—Only Pasteurised or Tuberculin Tested Milks are supplied; of a total of 357 departments in maintained, grant-aided and independent schools, 355 had pasteurised supplies and 2 tuberculin tested supplies in 1962.

Investigation of Milk Supplies.—The County Public Health Inspectors are responsible for the supervision of school milk supplies and samples for testing are obtained by Sampling Officers of the County Health Department. Methylene Blue colour tests to determine the keeping quality and, in the case of Pasteurised milk, Phosphatase tests to determine whether the milk has been properly processed, are carried out on milk from each supplier at regular intervals. In addition, unpasteurised Tuberculin Tested milk is submitted to a biological test for the presence of tubercle bacilli.

The table below gives the results of the examination of samples taken during 1962:

Grade of Milk	Samples taken	Methylene Blue Test			Phosphatase Test		Biological Test	
		Satis.	Unsatis.	Void*	Satis.	Unsatis.	Satis.	Unsatis.
Pasteurised	268	255	5	8	268	—	—	—
Tuberculin Tested ..	7	7	—	—	—	—	1	—
TOTAL ..	275	262	5	8	268	—	1	—

*Methylene Blue tests are declared void when the atmospheric shade temperature exceeds 65°F. during storage in the laboratory.

In the cases of the samples failing the Methylene Blue Test follow up samples were taken, and these proved to be satisfactory.

Medical Examination of Prospective Teachers.—During 1962, the medical staff of the School Health Service examined 199 candidates for entry to the teaching profession.

STATISTICAL TABLES

(i.e. as submitted to the Ministry of Education on Form 8.M)

TABLE I (A) PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1958 and later	—	—	—	—	—
1957	1,765	1,765	100%	—	—
1956	2,013	2,013	100%	—	—
1955	326	326	100%	—	—
1954	170	170	100%	—	—
1953	137	137	100%	—	—
1952	125	125	100%	—	—
1951	817	817	100%	—	—
1950	2,087	2,087	100%	—	—
1949	1,028	1,028	100%	—	—
1948	1,659	1,659	100%	—	—
1947 and earlier ..	2,618	2,618	100%	—	—
TOTAL ..	12,745	12,745	100%	—	—

(NOTE: Routine medical examinations are normally carried out on entry to school, at 11 years of age and again at 14 years).

(B) PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspections to Require Treatment (excluding Dental Disease and Infestation with Vermin).

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table II (3)	Total Individual Pupils (4)
1958 and later ..	—	—	—
1957	32	117	149
1956	41	149	189
1955	16	22	38
1954	9	13	22
1953	7	16	23
1952	6	23	29
1951	39	65	103
1950	102	147	240
1949	55	94	146
1948	90	128	216
1947 and earlier	144	170	303
TOTAL ..	541	944	1,458

This table relates to individual pupils and not to defects. Consequently, the total in column (4) is not necessarily the sum of columns (2) and (3).

(C) OTHER INSPECTIONS

Special Inspections	1,347
Re-inspections	9,429
	10,776*

*In addition to these inspected a total of 2,501 pupils in the 1954, i.e. 8 year old group, were given Vision tests. Of this total, 4 were recommended for treatment and 53 for observation.

(D) INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the School Nurses or other authorised persons ..	82,103
(2) Total number of individual pupils found to be infested	820
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	19
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	3

TABLE II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1962

(A) PERIODIC INSPECTIONS

efect ode No. (1)	Defect or Disease (2)	Entrants Requiring: Treatment (3)	Entrants Requiring: Observat'n (4)	Leavers Requiring: Treatment (5)	Leavers Requiring: Observat'n (6)	Others Requiring: Treatment (7)	Others Requiring: Observat'n (8)	Total Requiring: Treatment (9)	Total Requiring: Observat'n (10)
4	Skin	40	131	78	107	82	136	200	374
5	Eyes (*a*) Vision	89	519	217	515	235	555	541	1,589
	(*b*) Squint	33	82	12	30	15	48	60	160
	(*c*) Other	4	24	4	28	9	44	17	96
6	Ears (*a*) Hearing	22	132	7	28	12	57	41	217
	(*b*) Otitis Media ..	4	127	7	31	8	65	19	223
	(*c*) Other	14	39	1	54	4	33	19	126
7	Nose or Throat	63	549	22	140	26	310	111	999
8	Speech	26	140	3	17	8	38	37	195
9	Lymphatic Glands ..	1	213	—	19	—	62	1	294
10	Heart	7	98	4	106	3	92	14	296
11	Lungs	5	186	6	68	5	123	16	377
12	Developmental:								
	(*a*) Hernia	4	15	1	2	2	6	7	23
	(*b*) Other	4	67	2	16	3	61	9	144
13	Orthopaedic:								
	(*a*) Posture	4	23	3	57	4	66	11	146
	(*b*) Feet	24	98	8	50	12	81	44	229
	(*c*) Other	11	229	23	106	15	120	49	455
14	Nervous System:								
	(*a*) Epilepsy	2	11	3	8	7	5	12	24
	(*b*) Other	1	26	1	20	9	25	11	71
15	Psychological:								
	(*a*) Development ..	3	48	85	20	124	49	212	117
	(*b*) Stability	5	126	—	34	24	93	29	253
16	Abdomen	10	95	6	40	2	96	18	231
17	Other	5	42	7	72	6	55	18	169

(B) SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Requiring: Treatment (3)	Requiring: Observation (4)
4	Skin	5	18
5	Eyes (*a*) Vision ..	33	50
	(*b*) Squint ..	1	6
	(*c*) Other	—	2
6	Ears (*a*) Hearing ..	1	2
	(*b*) Otitis Media ..	—	5
	(*c*) Other	—	7
7	Nose or Throat ..	1	33
8	Speech	—	3
9	Lymphatic Glands ..	—	6
10	Heart	—	11
11	Lungs	—	11
12	Developmental:		
	(*a*) Hernia ..	1	1
	(*b*) Other	1	6
13	Orthopaedic:		
	(*a*) Posture ..	—	4
	(*b*) Feet	5	20
	(*c*) Other	2	10
14	Nervous system:		
	(*a*) Epilepsy ..	1	2
	(*b*) Other	—	2
15	Psychological:		
	(*a*) Development	—	6
	(*b*) Stability ..	—	6
16	Abdomen	—	5
17	Other	—	10

TABLE III

(A) EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with
External and other, excluding errors of refraction and squint	13
Errors of refraction (including squint)	3,061
TOTAL ..	3,074
Number of pupils for whom spectacles were prescribed	3,024

(B) DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases dealt with
Received operative treatment:	
(*a*) for diseases of the ear	11
(*b*) for adenoids and chronic tonsillitis ..	578
(*c*) for other nose and throat conditions ..	15
Received other forms of treatment	41
TOTAL ..	645
Total number of pupils in schools who are known to have been provided with hearing aids: (*a*) in 1962	18
(*b*) in previous years	144

(C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases dealt with
Number of pupils known to have been treated at clinics or out-patients departments ..	114
Number of pupils treated at school for postural defects	67
TOTAL ..	181

(D) DISEASES OF THE SKIN (excluding Uncleanliness, for which see Part D of Table I)

	Number of defects treated or under treatment during the year
Ringworm: (i) Scalp ..	6
(ii) Body ..	26
Scabies	8
Impetigo	21
Other skin diseases	53
TOTAL ..	114

(E) CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ..	168

(F) SPEECH THERAPY

Number of pupils treated by Speech Therapists	496

(G) OTHER TREATMENT GIVEN

	Number of cases dealt with
(*a*) Miscellaneous Minor Ailments	135
(*b*) Pupils who received convalescent treatment under School Health Service arrangements ..	11
(*c*) Pupils who received B.C.G. Vaccination ..	3,003
(*d*) Other treatment given:	
Appendicitis	32
Asthma	43
Bronchitis	27
Cardiac Conditions	21
Diabetes	8
Encephalitis	2
Epilepsy	9
Hernia	23
Meningitis	2
Nephritis	5
Pneumonia	17
Rheumatism / Rheumatic Fever	8
Tuberculosis (Respiratory, mesenteric adenitis, cervical glands, etc.)	5
Miscellaneous	302*
TOTAL (*a*) — (*d*) ..	3,653

*46 of this total were attendances at Chest Clinics for "check-up".